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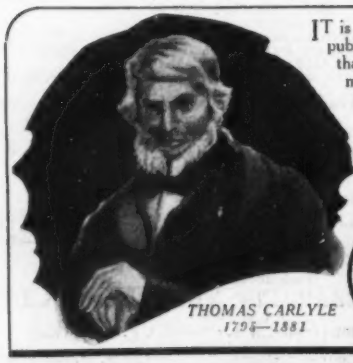

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(*From the Burden Neurological Institute and Barnwood House Mental Hospital, Gloucester*)

The relative electrical accessibility of the brain was first realised when it became known that its electrical activity could be detected from the surface of the intact scalp as the electro-encephalogram. This fact has caused considerable speculation as to whether the process might be reversed—i.e., whether the human brain might be stimulated electrically merely by placing electrodes on the surface of the head. If we compare the brain potentials as led off directly from the cortex with the size of those led off with electrodes on the scalp, we find that the electrical resistance network made up by the scalp, skull, and meninges attenuates the brain potentials by approximately a hundredfold. Thus it may be computed that, to obtain an adequate stimulus for the cortex, the potential applied to the scalp must be of the order of 100 volts; and, since the resistance across the head averages 500 ohms, with electrodes 2 in. in diameter the current which may be expected to pass through the head would be of the order of 200 milliamps. With these figures as ineluctable data, it is not at all surprising that for some while no-one had the temerity to perform such an experiment on a human being. A current of 1 milliamp is easily felt and one of 10 milliamps is very painful; for the cortex to be stimulated the overlying tissues must be subjected to an unbearably strong current. Moreover the effect of these tissues is also to spread out the lines of current flow, so that even with small electrodes the area of brain stimulated is comparatively large; if the object of the stimulation were merely exploratory, the result would be a painful disappointment.

Cerletti and Bini (1938) reported that the passage of a strong alternating current through the head usually resulted not in a so-called cortical movement or sensation but in immediate unconsciousness followed by a prolonged fit. They patiently worked out a technique whereby this phenomenon could be used to replace the injection of convulsant drugs in the treatment of schizophrenia. Cerletti and Bini have administered shocks to several hundred patients; no untoward results are reported and the remission rate is claimed to be the same as that obtained with Cardiazol. Sogliani (1939a and b), using a slightly different technique, reports similar results, as does Fumarola (1939). Up to 30 fits are given to each patient; but, if there is going to be a remission, improvement is usually obvious after the first few fits. It is possible to induce 4 to 5 fits in a single session without apparent ill effects; when this is done, the patient passes into a deep sleep for several hours.

To test these claims we performed several preliminary experiments and satisfied ourselves that convulsions could be produced by stimulation of the frontal lobes without risk of causing any nervous lesion. We selected five psychotics for treatment at Barnwood House. Altogether 75 shocks have been administered, as a result of which there have been 50 major convulsions and 25 minor attacks. There have been no unpleasant sequelæ, and none of the patients has refused further treatment. This small preliminary series was not intended to provide data on the therapeutic value of the treatment—in only one of the patients could a remission be hoped for with any confidence—but was designed to throw light on the relative advantages and dangers of the method.

TECHNIQUE

Apparatus was designed to provide electrical conditions identical with those recommended by the Italian workers. It was constructed in portable form with the assistance of the Edison Swan Electric Co., Ltd. For convenience, alternating current from the mains is used, controlled by suitable transformers, meters, and switches (fig. 1). The current is applied to the head with large pad electrodes moistened with a strong salt solution and held tightly on the head in the frontal region with a band or clamp. The area of the electrodes is about 20 sq. cm., so that the current density at any one point is too low to damage the skin. The essence of the method is that, after standardisation of the conditions, the convulsant current is switched on by a special mechanism for only a fraction of a second. Cerletti and Bini (1938) use $\frac{1}{10}$–1 sec.; Sogliani (1939a and b) maintains the current constant and varies the duration from ½ to 3 sec. The design of the time switch must be such that only the exact duration decided on can be given, and it must be impossible to give two shocks in rapid succession.

The procedure is as follows. With the electrodes in place, the low-tension circuit is switched on. The voltage of this is adjusted until a current of 1 milliamp flows through the head. The voltage is then read, and from this the resistance of the head circuit is readily calculated. It has been found to vary from 450 to 1200 ohms in different patients but is fairly constant in any one person. A resistance higher than 1200 ohms indicates a faulty electrode contact, and it is chiefly in order to guard against this that the preliminary measurements are made; they take only a few seconds. The leads to the patient are then switched over to the high-tension circuit, the voltage of which is adjusted to correspond with the head resistance. A satisfactory fit is induced with 80–150 volts, but considerable overdosage seems to cause little harm. Any exact calculation, as Cerletti points out, is useless, for living tissues do not obey Ohm's law over a wide range of current strengths, and after the passage of the strong current the resistance is always much lower than before, a 30 per cent. fall being common. As a rule the current flow is about twice as great as would have been expected; about 300 milliamps appear to be the convulsion threshold. When the voltage has been adjusted, the impulse timer is released and the shock thereby administered.

The course of events from this moment depends on whether the stimulus is of convulsant strength. If it is not, the patient gives a violent start and becomes unconscious for a few seconds. Recovery may take place in a few minutes or may be accompanied by confusion or obsession. The memory of the preliminaries is faint and fades as rapidly as a dream; that of the shock is entirely absent, and we have no reason to suppose that it was felt. Accounts from

the patients of "flickering" and "electric sensations" are traceable to their feeling the small standardising current.

With currents above the convulsion threshold the violent start which occurs with the shock and is probably the result of direct stimulation of the precentral gyri is accompanied as before by immediate loss of consciousness. The limbs and body partially flex, and the mouth opens. At this point a gag should be inserted. Usually this phase, which is the start of the convulsion proper, follows directly on the shock with a latency of only a few seconds, but on three occasions the latency has been much longer: in one patient 15 and 30 sec. and in another 10 sec. When the latency is as long as this, the patient has lain completely still, and on one occasion apnœic, until the onset of the tonic phase of the fit. This starts in the same way as any other fit, spontaneous or induced. The limbs are violently extended and the jaw clenched. Tonus passes gradually into clonus, starting with rapid jerks of the whole body, which become well defined 10–15 sec. after the onset of the fit. The jerks become less frequent, and the convulsion usually lasts about 40 sec. altogether. The patient by the end is deeply cyanosed, and profuse salivation is the rule. Premedication with atropine is desirable in some cases. We have not so far observed incontinence or ejaculation, though these have been described by the Italian workers. Vomiting has occurred twice.

For about 10 min. after the termination of the seizure the patient is inaccessible, and during this phase the behaviour is extremely characteristic for each patient. One patient was always restless, plucked at the bed-clothes and fumbled with the genitalia; another after a few movements dropped quietly off to sleep; another passed straight into a deep sleep and snored violently; another, who was treated chiefly by minor fits, talked incoherently about a certain town and her family. This extremely individual post-epileptic phase is perhaps one of the most remarkable phenomena associated with the treatment. When the patient has become fully conscious, there is no distinct memory of the shock. Recovery is complete in 10–30 min. In violence the electric fit may be considered as resembling more nearly a true epileptic seizure than one induced by cardiazol. It is extremely unlikely that a dislocation or a fracture could take place with the electric fit, as has occasionally been reported with cardiazol.

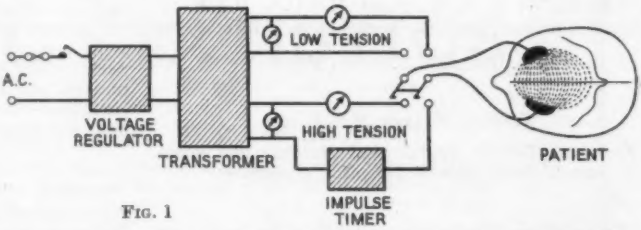

FIG. 1

Schematic arrangement of apparatus used in electric-convulsion therapy.

ELECTRO-ENCEPHALOGRAPHY

Electro-encephalograms (fig. 2) were taken from two patients in the course of treatment. Owing to the relatively gigantic proportions of the electric shock, no record could be obtained for 20 sec. after the stimulus, for the passage of this enormous current turns the head for the time being into something resembling an electric battery, and the polarisation long outlasts the duration of the shock. From what could be seen the electrical accompaniments of the fit are identical with those during a spontaneous seizure or in one indeed by cardiazol. For about 10 sec. after the end of the fit there are very few cortical potentials detectable, but then large slow waves appear over the whole surface of the head; the potential rises in about 30 sec. to several hundred microvolts, the frequency being 1–2 per sec. and the form irregular, resembling the electro-encephalogram during deep natural sleep. This generalised slow discharge becomes progressively more regular, more rapid, and smaller, until about half an hour after the end of the seizure the electro-encephalogram shows only waves resembling the normal alpha rhythm in frequency and size, although the area from which these arise is larger than in the normal person. The patient from whom the records in fig. 2 were taken also showed some slow waves. It is important to notice that, although the two patients studied from this standpoint differed greatly in their psychological behaviour after the fit, the records of the two are almost indistinguishable from one another. The return of the normal reflex pattern paralleled the decline of the abnormal features in the electro-encephalogram.

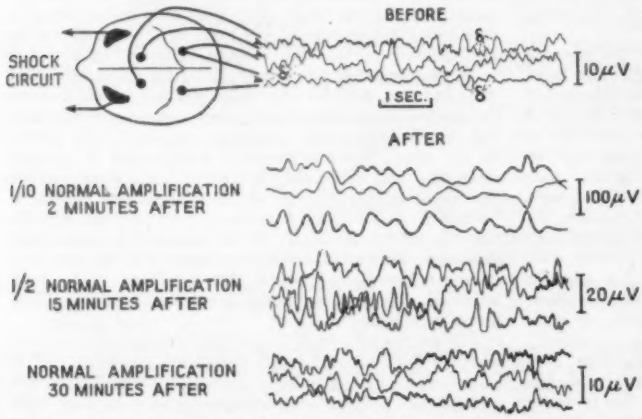

FIG. 2—Electro-encephalograms taken from one of the patients before and at various intervals after a convulsion. The time scale for all the records is shown in the first one. The amplification is reduced in the two middle records. The record taken before the convulsion is not entirely normal but shows diffuse delta waves (δ) such as are sometimes found in schizophrenia.

DISCUSSION

It is not proposed to discuss here the therapeutic results of electro-convulsion therapy; it must stand or fall by the ultimate verdict on shock therapy in general. From the technical point of view there can be no doubt that the electrical method is greatly superior to any hitherto employed for the production of severe convulsions. For the operator, only a small amount of training and experience is necessary, and a knowledge of physics, though

desirable on general grounds, is not essential. It was thought at first that the conditions for inducing a fit in safety would be very critical, but this does not appear to be so, and it is possible that the method may eventually be made simpler than that described here. In any case the apparatus is comparatively cheap and portable,* and preparation of the patient need take no more than a minute.

The psychological reaction of the patient is mild. The absence of pain and fear may be accounted for by supposing that a great part of the brain is instantaneously stunned by the shock, so that the pain impulses set up in the head arrive at the thalamic centres too late to be consciously integrated. The absence of a powerful psychological reaction might, in the view of some psychiatrists, detract from the value of the treatment; but, judging from the results obtained in Italy, the ease of administration and the greater degree of coöperation obtained from the patients outweighs this consideration, which in any case is entirely speculative.

The exact mechanism by which the convulsion is produced is not clear. It is known that repeated powerful stimulation of the cortex when exposed at operations can cause generalised convulsions, and a shock consisting of 50-cycle alternating current lasting for $\frac{1}{5}$ sec. (which has been found suitable for most patients) is equivalent to ten diphasic stimuli. Assuming that it is the negative half-cycle which stimulates, each hemisphere will receive over a large area ten supramaximal stimuli. Since in some cases the fit is delayed for several seconds, we must suppose that this vigorous stimulation sets up in the premotor cortex some process—possibly analogous to the resting slow discharges seen in the electro-encephalogram of idiopathic epilepties (Golla, Graham, and Walter 1937)—which, when it involves a sufficiently large area, "touches off" the whole motor apparatus of the central nervous system. There may be great significance in the statement of Cerletti and Bini (1938) that, to obtain the most satisfactory results, the current should pass through the area 6aβ of Vogt in the middle part of the superior and middle frontal gyri, to which Foerster (1936) assigns a special function in the pathogenesis of epilepsy, and which is particularly liable to contain a focus of slow waves in idiopathic epilepsy. It may not be too much to hope that from the technique of electro-convulsion therapy a new tool can be forged to aid the clinical physiologist in the study of epilepsy.

From the scientific standpoint the conditions are far from simple; there are no less than eight distinct variables—potential, current, resistance, frequency, wave form, and duration, together with size and position of the electrodes. The method is likely to raise as many problems as it can be used to solve, but for the present there can be little doubt that it is a valuable alternative to cardiazol in the convulsion therapy of schizophrenia.

SUMMARY

(1) The method devised by Cerletti and Bini (1938) of inducing major convulsions by electric stimulation of the brain has been tested on five schizophrenic patients.

(2) We have administered 75 shocks, as a result of which there have been 50 major convulsions and 25 minor seizures. The major convulsions are similar to spontaneous ones and are followed by complete amnesia for the shock.

(3) No untoward results have been observed.

(4) The claims of Cerletti and Bini are confirmed; the method is technically effective, simple, and safe and arouses no fear or hostility in the patients.

(5) No attempt is made to assess the therapeutic value of the method, which Cerletti and Bini state is the same as that of cardiazol.

* Arrangements have been made for the manufacture of suitable apparatus by the Edison Swan Electric Co., Charing Cross Road, London.

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THE DARK-ADAPTATION TEST:

ITS RELIABILITY AS A TEST FOR VITAMIN-A DEFICIENCY

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PERHAPS the most significant result of the experiments was the finding that the subnormal subjects in the poorly-fed group slowly became normal when vitamin A was given in large doses but not otherwise. A second result, which is perhaps of equal interest, was the difference between the poorly-fed group of children and the well-fed controls at the institute.

Three principal points seem to present themselves for discussion: (1) the reliability or otherwise of dark-adaptation tests for detecting a deficiency of vitamin A; (2) the possibility of improving the technique; and (3) the incidence of deficiency.

RELIABILITY OF DARK-ADAPTATION TESTS

Although (as has already been made plain and will be discussed in greater detail below) the technique of the dark-adaptation test is capable of further refinement, at the same time a good deal of evidence can now be adduced to support the view that there is indeed a positive correlation between vitamin-A deficiency and subnormal adaptation. First, there is the difference found in the incidence of subnormal adaptation between the children on the poor dietaries and those on the good. Secondly, there is the evidence of the control tests on the subnormal children. Thirdly, Menzies (1938) pointed out that in our earlier surveys (Maitra and Harris 1937) there had been a correlation between increased consumption of milk and diminished incidence of dysadaptation:

"Opportunity was taken by me to correlate the result of Dr. Harris' research with the administration of milk in school to the children. The results of this correlation are given below. . . . Of those children on doctor's milk [= $\frac{2}{3}$ of a pint per day at school] 66·6 per cent. were found by Dr. Leslie Harris to be normal, while of those not on doctor's milk, only 37·1 per cent. were found normal. . . . It may be deduced from these figures that the administration of two-thirds of a pint of milk in school goes far to protect the children, and the results justify the practice which the school medical officer has always insisted

upon, that children appearing ill-nourished should have two bottles and not one only."

Lastly, it is convenient to consider here the work of other investigators, already referred to more briefly in the introduction and nearly all of which has appeared since the publication of our preliminary report (Abbasy and Harris 1938). The most important arguments to be deduced in this connexion seem to be the following:—(1) Several workers have produced subnormal dark-adaptation experimentally in volunteers by administering diets low in vitamin A and have shown that it can be cured intermittently or allowed to relapse according to whether vitamin A is given or withheld. (2) Spontaneously occurring dysadaptation is similarly related to vitamin A. (3) A fall in the vitamin-A content of the blood-serum below a certain critical level has been accompanied invariably by diminished powers of dark-adaptation. (4) In experimental animals it has been demonstrated that nyctalopia is a specific symptom of vitamin-A deficiency.

(1) *Experimental dysadaptation and its cure.*—Booher et al. (1939) kept five subjects on a diet low in vitamin A and, measuring the dark-adaptation with Hecht and Shlaer's photometer, found that pronounced symptoms of deficiency developed in 16–39 days (or 124 days for one subject); the requirement for vitamin A was estimated to be 25–51 I.U. per kg., and carotene was found to be only 50–60 per cent. as effective (43–103 I.U. per kg.).

With the same instrument Wald, Jeghers, and Arminio (1938) showed that the first effect of an A-deficient diet might be detected within 24 hours, and that in 25 days the threshold value for the rods had become fifty times the normal and for the cones four times—repeated temporary cures followed intermittent treatment with vitamin A.

A similar account of an experiment conducted on himself was reported by Jeghers (1937), who used the biophotometer and found evidence of dysadaptation after 6 days and of pronounced deficiency after 17–31 days: the requirements were estimated to be 4000 I.U. daily, and 100,000 I.U. gave a rapid cure.

Working with the Hecht-Shlaer instrument Hecht and Mandelbaum (1938) produced experimental dysadaptation in a volunteer kept on a deficient diet: vitamin A brought about first a rapid and later a more gradual improvement. In a subsequent report Hecht and Mandelbaum (1939) show, from tests on four young men taken as volunteers, that "the presence of a dietary avitaminosis becomes evident after the very first day of the absence of vitamin A in the diet . . . in less than a week a conclusion of decreased visual function can be reached with reasonable certainty." They conclude: "As a result of these observations we feel certain that measurement of dark-adaptation when carried out under properly standardised conditions can be used as an aid in the determination of the vitamin A condition of the body. Normal dark adaptation means a normal vitamin A content of the body, and an abnormal dark adaptation means a disturbance of the vitamin A content."

Proof of intermittent cures and relapses have been reported also by Edmund and Clemmesen (1936, 1937), who noted an effect 7 min. after an intramuscular injection of vitamin A. A further report of experimental dysadaptation in a volunteer is given by Pett (1938). Other writers have reported improved readings after treatment with vitamin A, including Schettler et al. (1939) and Frandsen (1937); and the following have had success either in all or in a proportion of their cases: Park (1935, 1936), Friderichsen and Edmund (1937), Outhouse and Meyer (1936), Friderichsen (1936), Corlette et al. (1938), Haines (1938), Groth Petersen (1938), Juhász-Schäffer (1938), and Gantzel (1938).

(2) *Non-experimental dysadaptation and vitamin A.*—McKenzie (1938, 1939), using Tscherning glasses and Edmund test-types showed that low dark-adaptation values, common among East African natives, could be cured with vitamin A, the index quickly rising from 4 to 14, whereas untreated controls remained unchanged. The requirement for vitamin A was about 3000 I.U. daily, carotene being only a third to a fifth as effective.

Bigwood (1939), in a population study in Brussels, similarly concluded that with a daily intake of over 3500 I.U. of vitamin A adaptation was good, whereas below 1000 I.U. it was bad.

Getz et al. (1939), in America, found that 5–11 per cent. of normal college students had low adaptation values and improved after treatment with vitamin A given as halibut-liver oil; but doses much above those generally advocated were necessary for sufficiently prompt cure—e.g., up to 200,000 I.U. daily. On the other hand, 53 per cent. of tuberculous patients were found to be deficient. Drigalski et al. (1939), in Germany, noted a high incidence of subnormal adaptation among sick persons and pregnant women, and the total amount of vitamin A needed to restore vision to normal was 72,000–300,000 I.U. In Scandinavia low adaptation values, seen in a large proportion of school-children, were also improved by administration of vitamin A (Abramson and Oigaard (1939)).

Dysadaptation developing in disease as a result presumably, of faulty utilisation or absorption of the vitamin has also been recorded by various workers (Lindqvist 1938, Haig, Hecht, and Patek 1938, Higgins 1937, Edmund and Clemmesen 1936, Ezickson and Feldman 1937, Gantzel 1938, Juhász-Schäffer 1938).

(3) *Correlation between dysadaptation and blood-level.*—Lindqvist (1938) has found that, whenever the vitamin A in the blood falls below a level of 70 I.U. per 100 c.cm. of serum, dysadaptation invariably develops. An intake of vitamin A which is sufficient to keep the blood level at or above 110 he regards as normal, 100–70 as questionable, and less than 70 as definitely deficient. Above the level of 100 I.U. per 100 c.cm. there is no relation to dysadaptation. A similar correlation between serum level and adaptation is found by Juhász-Schäffer (1938) who, like ourselves, used the Birch-Hirschfeld instrument for the visual test. Pies and Wendt (1939) observed dysadaptation with serum values of less than 0·4 "blue-units."

(4) *Dysadaptation in experimental animals.*—Impaired vision in a dim light after deprivation of vitamin A has been reported for several species of animals no less than for human beings. One of the most recent papers is by L. A. Moore (1939), who has shown that in calves "papillary œdema (causing constriction of the optic nerve) and nyctalopia are separate processes but both are due to vitamin-A deficiency."

Negative findings.—As opposed to the general trend of most reports, sufficiently well indicated by the foregoing brief review, a small minority of workers have recorded their dissatisfaction with dark-adaptation tests. The chief criticism, however, has been regarding the use of the Jeans-Zentmire biophotometer. One criticism runs: "These results do not necessarily mean that there is no correspondence between dark adaptation and vitamin-A deficiency, but that the biophotometric test as generally used needs far more study before it can be used as a method for detecting vitamin-A deficiency" (Isaacs et al. 1938). We incline to the view that certain of the criticisms against the biophotometer are well founded and indicate weak points in its design, or perhaps it would be fairer to say that dark-adaptation tests need to be more carefully controlled and standardised than has always been realised hitherto. Even so, several workers have concluded that reliable results are possible with the biophotometer if suitable precautions are taken. Thus Booher and Williams

(1938) consider that, provided it is calibrated frequently, the instrument is adequate for measuring marked dysadaptation in adults; and similar views are expressed by Corlette et al. (1938). Gridgeman and Wilkinson (1938) recommend a new procedure for its use and Schettler et al. (1939) express themselves as highly satisfied with their results.

It is more difficult to explain the difference between our results, indicating a correlation between dark-adaptation and vitamin A, and those of the workers at the Rowett Institute (Thomson et al. 1939), who, using a new and specially designed instrument, are unable to find any clear correlation. Two fairly obvious suggestions might be considered here—either that the explanation lies somewhere in the considerable differences in procedure (see below), or that relatively few of the subjects examined by the Rowett workers were so low in their intake of vitamin A as those in our "poor" group of school-children. Yet we must recall that Stewart (1939), using this same Rowett instrument, has found that subjects given sufficiently large doses of vitamin A did, in fact, nearly always improve, especially if they were originally subnormal and that "good adaptation was invariably shown by subjects with good intake of vitamins A and C." This suggestion of a reinforcing action of vitamin C is of interest, especially in view of similar hints in earlier reports (Friderichsen and Edmund 1937). It may be noted that our "well-fed" group of children in the home for waifs and strays were in receipt of ample vitamin C besides vitamin A (Ahmad and Harris 1938).

According to Kimble and Gordon (1939) riboflavin may be another factor which, like ascorbic acid, can aid the utilisation of vitamin A. They found that "individuals who show low normal or pathologically deficient biophotometer readings, and low blood vitamin-A levels, can usually be restored to the normal range by the administration of vitamin-A concentrates." A few, however, proved refractory to treatment with vitamin A alone and were given riboflavin plus vitamin A. "The combination immediately restored the biophotometer readings and blood to normal, when the vitamin A alone had failed to do so. In some other individuals in whom riboflavin failed to produce this result, ascorbic acid caused satisfactory improvement."

Confirmatory work is needed to test the suggestion of a reinforcing action for these and other substances.

One of the most obvious differences of technique between our method and that of the Rowett workers is that we omit the preliminary variable period of dark-adaptation before "bleaching." This may possibly explain the lower incidence of subnormality found by them, for the effect of giving a more prolonged period in the dark to the deficient than to the normal subjects may be expected to operate in the direction of diminishing any differences observed between normal and subnormal. It is impossible to give a final explanation of the difference between our conclusions and those of the Rowett workers until further work has been undertaken to investigate these several points.

IMPROVEMENT OF TECHNIQUE

In future work measurements of dark-adaptation should be linked with estimates of vitamin A in the blood-serum, for the investigations of Lindqvist (1938) and of others, referred to above, have indicated that any intake of vitamin A which is inadequate to keep the serum level above a certain critical value also inevitably leads to a fall in the dark-adaptation. Thus a useful check can be had on the significance of the dark-adaptation results. We have already dealt with some of the precautions which seem to be desirable in the technique, such as the need for adequate, standardised, and wide-angle "bleaching"; the repeated rechecking of each subject; and the division of both the normal and the deficient subjects into treated and untreated control groups. This overcomes the fallacy of centripetal drift, mentioned by Jung (1938). Probably the most satisfactory way of determining whether or not a given subject is normal or subnormal is, after having found his normal range of variations by a few days' preliminary measurements, to ascertain whether these readings improve during a course of intensive treatment with vitamin A, for which purpose a minimum of two weeks' treatment is necessary and a period of two months to be desired. (Note the relatively slow rate of cure in some instances in fig. 4.) Tests of this kind are needed for establishing the usual range of normality in children.

The special improvements contemplated on our earlier procedure include the provision of finer graduations between the readings representing the limits of normality and deficiency—i.e., diaphragm readings of 4 and 6 respectively at the 10-min. reading—and the calibration of light readings in absolute units. Under the conditions of their respective techniques, Lindqvist (1938) regards a dark-adaptation value of 0·00004 lux as normal up to 20 years and 0·00005 above that age, and Corlette et al. (1938) consider 0·70 millifoot candle as the lower limit. A further point is the advantage of tracing a complete adaptation curve for each subject instead of being satisfied with one or two readings only. The photometer described by Hecht and Shlaer (1938) seems to meet very satisfactorily the requirements just touched on and has various other advantages, such as the separation of cone vision from rod vision. In the past few months newer instruments have been devised by various other workers, including Pett (1938), Ditchburn (1939), Haines (1938), and Thomson et al. (1939).

One general comment seems to be called for. Although we feel that the weight of the evidence indicates that a deficiency of vitamin A can be satisfactorily detected by dark-adaptation tests, the procedure (if it is to be reliable) is difficult and intricate and is therefore not suitable for routine surveys on large groups of children by school medical officers. At the present stage it is rather a test for the specialised research worker which can be applied to selected samples of the population, to corroborate the results of budgetary surveys or to confirm suspected deficiency in the clinic. Further, it is not always realised that the dark-adaptation test is a test for active deficiency only and does not enable normal cases to be graded and distinguished according to whether they are approaching the border line of deficiency or have low, moderate, or good reserves of the vitamin. In this respect it has to be contrasted with saturation tests on the urine for vitamins C and B_1.

ESTIMATES OF INCIDENCE OF DEFICIENCY

Of the 30 well-fed children at the home, receiving plenty of milk and fish-liver oil, 28 were normal. On the other hand, of the 100 poor-class children attending elementary schools 43 were normal and 57 below standard (the latter being made up of 34 "slightly below normal" and 23 "definitely subnormal"). The figures for these school-children are not dissimilar from those found in the previous survey (see table VI and Maitra and Harris 1937). These figures must be regarded as qualitative trends rather than as strict quantitative comparisons. More precise numerical

data must await the development of improved technique. Yet the indications of a high order of incidence of subnormality need not be surprising, in view of the reputed requirements for vitamin A and the fairly obvious fact that many of these children must have been well below such a standard in their intake.

TABLE VI—ESTIMATED INCIDENCE OF VITAMIN-A DEFICIENCY AMONG SCHOOL-CHILDREN, AGED 11–13, AND ADULTS

Diet	Subjects		No. examined	Normal	"Slightly below normal"	"Definitely sub-normal"
				No. and per cent		
Poor working-class	Boys and girls	School treatment centre, East London	31	14 (45)	6 (19)	11 (36)
		Council-school clinic, Cambridge	70	31 (44)	17 (25)	22 (31)
		Council school, East London	92	37 (40)	35 (38)	20 (22)
	Boys:	Council school, poor district in Cambridge	100	43 (43)	34 (34)	23 (23)
Good average Extra-good *	Boys	Public school, Cambridge	30	27 (90)	3 (10)	0 (0)
		Home for waifs and strays, Cambridge	30	28 (93)	1 (3)	1 (3)
Working-class	Mothers (aged 25–35), Council schools, Cambridge		38	19 (50)	19 (50)	0 (0)
Middle-class	Male adults (aged 18–50), middle-class		25	21 (84)	3 (12)	1 (4)

* 1½ pints milk; fish-liver oil

Thus, according to the League of Nations Technical Commission (1938), "it is probable that 2000–4000 I.U. daily may be regarded as a safe allowance [for adults] . . . the requirements for infants and all growing children are relatively greater." If we assume that an allowance of about 2000 I.U. is desirable for a boy aged 13, it is clear that a considerable proportion of those in working-class populations fall below this level. The principal sources of vitamin A in normal human diets in this country are butter, milk, green vegetables, and sometimes carrots. Butter is rarely used in poor working-class areas, where margarine (generally devoid of vitamin A) is substituted for it; and, since the supply of green vegetables or of carrots is often irregular, the onus falls on the milk. To supply 2000 I.U. of vitamin A, about 1 litre (roughly 2 pints) of milk of average quality would be needed daily. Official statistics (see Harris 1937) indicate that the consumption of milk in working-class homes is usually only a small fraction of this, many children receiving little beyond the ⅓ pint daily now commonly taken at school. Those children receiving extra milk at school, (⅔ pint instead of ⅓ pint) had a lower incidence of vitamin-A deficiency (dysadaptation) than those on the lower allowances; and, when the intake was at the generous level of 1½ pints plus other foods rich in vitamin A (at the institution), virtually all the children were normal.

We have not yet carried out any detailed systematic surveys on adults, but the suggestion of a lowered incidence of deficiency as compared with the poor-class children (table VI) seems in keeping with the results of Ellison and Moore (1937), who find that deficient reserves in the liver are commoner among children than among adults, and with the view that the needs of all animals for vitamin A are greater in childhood than in later life (see further Maitra and Harris 1937).

Since this paper was completed we have seen the review by Bigwood (1939), whose general conclusions are very similar to ours. He writes ". . . it can be seen that (1) the test for latent hemeralopia is applicable to investigations in the field of social medicine, (2) it will yield useful information, although the exact technique has not yet been worked out in its final form, and (3) latent vitamin-A pre-deficiency can, even at this stage, be asserted to be frequent in many parts of our countries of Western civilisation, although its incidence cannot yet be reliably assessed in numerical terms."

SUMMARY

(1) An account is given of experiments (carried out in the winter of 1937) to reinvestigate the reliability of dark-adaptation tests for detecting deficiency of vitamin A. The Birch-Hirschfeld photometer was used, with several improvements in technique—e.g., a large screen was used for the "bleaching," and during the test the subject's attention was kept directed to the position of the quincunx.

(2) Two precautions were taken, which are considered essential as a check to control the procedure. Each subject was re-examined repeatedly, and the initial value not accepted until it had been found to remain relatively constant on successive occasions (to ascertain individual variations and to rule out the possibility of further improvement with practice). Secondly, to check the specificity of the result, subjects found to be subnormal were divided into two groups, half being treated with the vitamin and the other half kept as controls. The criterion accepted for subnormal dark-adaptation in these tests was a diaphragm reading of 6 or over (with wedge set at 5) after 10 min. in the dark; the reading immediately after the "bleaching" was considered of less value, mainly because of its rapid rate of change.

(3) Control tests indicate that, under the ordinary working conditions of our experiments, previous exposure to light had no important influence on the results. Among middle-class adults cases of lowered dark-adaptation seemed relatively rare, and readings were not improved beyond the usual normal by treatment with vitamin A.

(4) The following evidence is offered that the method of the dark-adaptation test is sound in principle—

(*a*) Children found subnormal returned slowly to normal after treatment with large amounts of vitamin A, whereas an equal number of controls left untreated remained subnormal.

(*b*) Independent scrutiny by Menzies (1938) of our earlier results on children attending elementary schools revealed a hitherto unsuspected correlation with their individual dietary histories—among children having ⅔ pint of milk at school 67 per cent. were normal on test, whereas of those having ⅓ pint or less only 37 per cent. were normal.

(*c*) The incidence of lowered dark-adaptation among the various social classes examined in our surveys has also borne a relation to their dietary intake. Thus, in earlier work among poor-class children attending elementary schools in London and Cambridge roughly 40–50 per cent. of the total were normal, 20–30 per cent. "slightly below normal," and a further 20–30 per cent. "definitely deficient"; and similar values hold for the present test. Among 30 better-fed boys at a public school, on the other hand, none were "definitely deficient," only 3 being "border line" and the remaining 27 normal; and at a home for waifs and strays, where the diet included 1½ pints of milk daily and fish-liver oil in winter, virtually all the boys were normal.

(*d*) Attention is also drawn to the work of other investigators proving a correlation between deficient intake of vitamin A and lowered dark-adaptation.

(5) It is concluded that the theoretical basis of the test is reliable, although the apparatus and technique are capable of being further improved. In view of the variable results obtained by other workers using different methods, additional study is to be desired.

(6) The dark-adaptation test is only capable of detecting deficiency and not of assessing different levels of normality (cf. urine "saturation" tests for vitamins C and B_1). Since the test is relatively intricate and needs experience and careful controlling, it is not suitable for rapid routine use by school medical officers. It can have its application in surveys on small selected samples of the population to confirm the supposition of deficient dietary intakes or for diagnosis in the clinic. Deficiency seems less common among adults than in children.

Our thanks are due to Dr. A. J. Smyth, Mr. W. E. H. Billing, and Mr. J. W. Palmer for their valued coöperation in providing us with facilities to examine the school-children, and to Messrs. Crookes Laboratories for generous supplies of halibut-liver oil.

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PERNICIOUS ANÆMIA IN EGYPT

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Addisonian anæmia has a distinct racial incidence. It is generally regarded as a disease of the nordic races and less common among southern races. In America, too, there is a higher incidence among immigrants from northern Europe (Anglo-Saxons) than among those of Latin extraction (Levin and Ladd 1921). This racial susceptibility is further demonstrated by the fact that Finns, out of all races, are more liable to develop the disease when infested with *Diphyllobothrium latum*—a parasite which produces a blood-picture indistinguishable from that of genuine addisonian anæmia (Birkenland 1932). The disease is rarely met with in asiatics and is unknown in the tropics (Schilling). The extreme rarity of this disease in Egyptians has been emphasised lately by Salah (1935).* He did not meet with it in the achylia of pellagra which is very prevalent in Egypt. In the course of investigating hundreds of anæmias however we have come across one case which, for all practical purposes, presents the typical picture of the disease.

CASE-RECORD

A male, aged 35, was admitted on Aug. 15, 1938, with severe anæmia. He complained of shortness of breath, epigastric pain, and occasional pain in the limbs, of one year's duration.

Present illness.—A year ago the patient had an attack of diarrhœa, passing about twenty stools daily, containing mucus but no blood. This lasted a month and left him very weak, and he became somewhat paler. Nine months ago he sought advice in the hospital and was apparently diagnosed as a case of amœbic dysentery. He was recommended six injections, probably emetine, and a saline mixture. He had one injection only, was unable to turn up again for the rest, and did not continue the treatment. After lying bed-ridden three weeks without treatment he began to feel better, his appetite improved, and his colour became normal. He resumed his work and remained well for the whole winter. Four months ago he began to feel ill again, became very short of breath, and had pains in the lower limbs, especially on exertion. Tinnitus, throbbing in the head, and œdema of the ankles began to worry him, and he became steadily paler. One and a half months ago the diarrhœa recurred, his general condition went from bad to worse, and on seeking advice again in the outpatient department he was admitted to hospital.

Past history.—The patient had lived for the last twelve years in Cairo and during that time had never been away. Before then he lived in the country, where he was doing the same type of work (silk-spinning). He has never engaged in agriculture and gave no history of any parasitic infection or any serious or prolonged illness.

On admission there was much loss of appetite and severe diarrhœa. The skin and mucous membranes were very pale, but neither showed any petechial hæmorrhages. The conjunctivæ presented a doubtful subicteric tinge. The tongue was smooth and atrophic, and, although the patient had a definite temperature, it was clean and without any trace of coating whatsoever. The patient then volunteered a history of burning pain and fissuring of the tongue and occasional

* Since then he has seen two cases, which he is publishing (personal communication).

bleeding of the gums, which came on at intervals throughout the last year. The liver was not felt, but the spleen could be felt one finger-breadth below the costal margin on deep inspiration. It was firm but not tender. The apex-beat was in the fifth space in the nipple-line, and a distinct hæmic murmur was heard at the apex and pulmonary areas. Blood-pressure 120/65 mm. Hg. Pulse-rate 114, pulse rather soft. Nothing abnormal was found in the lungs. There was some paræsthesia in the limbs but no abnormality of reflexes, dysuria, or disturbance of micturition. Repeated examination of stools was negative for any ova, parasites, or amœbic cysts. The urine had a specific gravity of 1·010 and contained no albumin, sugar, casts, or schistosoma ova. The Wassermann reaction was negative. Blood was negative for malaria parasites. The hæmoglobin was estimated to be 30 per cent., and iron and ammonium citrate 6 g. daily was immediately prescribed.

Since no improvement took place within a fortnight, one tablespoonful of a liver preparation, which also contains Marmite and iron, was given three times daily and continued for ten days. In view of the lack of any appreciable improvement aplastic anæmia seemed to be the most probable diagnosis, and the case was referred to us for further investigation.

The first full examination of the blood was made on Sept. 24, 1938, and showed a definite hyperchromia, leucopenia, and thrombocytopenia. Poikilocytosis and, more especially, anisocytosis were very conspicuous. Many megalocytes with their characteristic large oval and deeply staining form were seen, and the average corpuscular diameter was 8·2 μ (fig. 3). A bone-marrow puncture, performed on the same day and examined before the blood film, not only excluded an aleukæmic leucosis as well as aplastic anæmia but showed megaloblasts typical of addisonian anæmia (fig. 2).

A fractional test-meal soon afterwards revealed histamine-refractory achylia. The icterus index was 10 units, and van den Bergh's test gave a delayed direct reaction. The amount of fat in the stools and the ratio of split to non-split fats were normal. Since injections of liver-extract—e.g., Campolon and Hepatex—were not yet available and liver-extract by mouth was considered insufficient, as shown by the slow rise of reticulocytes, 1 lb. of raw liver was administered daily. The reticulocytes began to rise more quickly and soon reached 20 per cent. The patient felt steadily better and stronger. He could go through any moderate exertion without being short of breath. Tinnitus and pains in the limbs disappeared. His colour gradually improved, and the spleen diminished until it could not be felt.

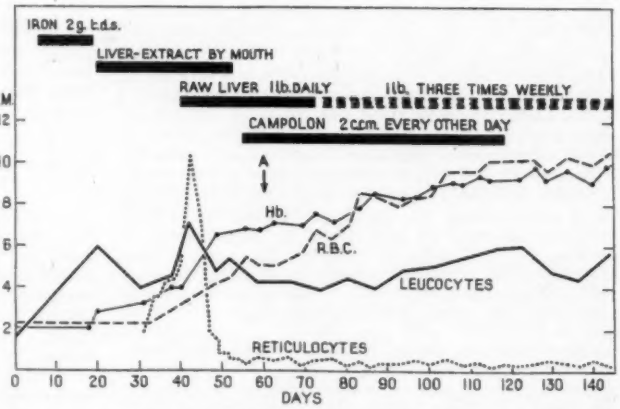

FIG. 1—Graphs showing behaviour of hæmoglobin, red blood-cells, leucocytes, and reticulocytes during treatment of pernicious anæmia. Note (1) brisk response of reticulocytes to adequate liver therapy; and (2) lag of response of hæmoglobin and red blood-cells in the presence of infection with scabies. A, treatment for scabies begun. Scale: 1 cm. = 1000 leucocytes, 10 per cent. hæmoglobin, 500,000 red blood-cells, and 2 per cent. reticulocytes.

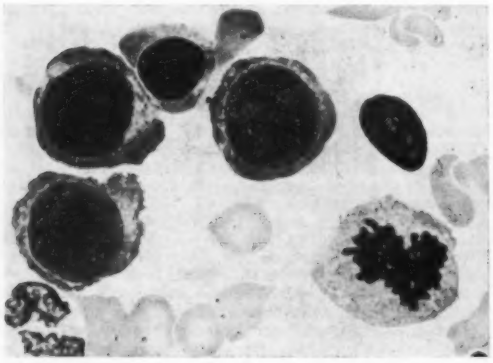

FIG. 2—Bone-marrow picture in pernicious anæmia before start of liver therapy. Note typical megaloblastic hyperplasia. One megaloblast is seen undergoing mitosis.

Blood-counts were made twice and reticulocyte counts three times a week, and at critical periods the reticulocytes were counted daily (see table and fig. 1). At some time during the treatment, when the hæmoglobin was 65 per cent., it was noticed that any further rise of either hæmoglobin or red blood-cells was very slow, in spite of injections of campolon. The patient was then thoroughly examined for any source of infection, and scabies with secondary infection was discovered on the back and genitals. After specific treatment the hæmoglobin and red blood-cells rose steadily to 95 per cent. and 5,120,000 respectively at the time of discharge. The patient then appeared quite a different man, at least normal if not plethoric. A fractional test-meal performed at the same time

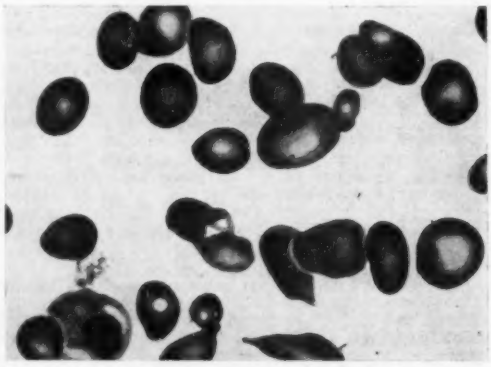

FIG. 3—Blood smear taken at the same time as fig. 2. Note megalocytes, hyperchromia, anisocytosis, and poikilocytosis. One hæmoglobiniferous megaloblast is seen in the left lower corner.

TABLE SHOWING SERIAL COUNTS OF THE BLOOD AND BONE-MARROW DURING THE COURSE OF THE TREATMENT

See references below	Date	Hb. (%)	R.B.C. (millions)	W.B.C.	Reticulocytes (%) (a) platelets	Basophils	Eosinophils	Myeloblasts	Promyeloblasts	Myelocytes	Juvenile	Staff	Segmented	Lymphocytes	Monocytes	Megaloblasts	Macroblasts	Normoblasts	Reticulum cells
—	1938 Sept. 24	32	1·000	4,000	3·5 (a) 40,000	0	11	0	0	0	0	3	44	40	2	1	—	—	—
A	„ 24	B.M.	B.M.	152,000	—	0	6	0	0	3·2	8·2	12	5	3	0·6	45	6	3	8
—	„ 27	35	1·100	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 28	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	„ 28	B.M.	B.M.	102,400	—	0	4·2	0	0	4·2	7·8	8·4	5·1	1·3	0	23·1	22·6	15·8	7·5
—	„ 29	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 30	—	—	—	8·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Oct. 1	39	1·300	4,400	8·6	0	9	0	0	0	0	4	52	33	2	—	—	—	—
C	„ 2	..	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 3	39	—	—	10·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D	„ 3	B.M.	B.M.	232,000	—	0	3	0	0·2	8	8	17	4	1·8	0	6	16	32	4
—	„ 4	—	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 5	45	1·600	7,000	21 (a) 130,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 6	—	—	—	18·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 8	53	1·800	6,000	13·5	0	7	0	0	0	0	4	53	28	8	—	—	—	—
—	„ 9	—	—	—	11·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 10	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E	„ 11	B.M.	B.M.	50,000	3·5	—	3·5	0·7	0·3	13	8	23·5	12	7	3	0·3	5	23	0·7
—	„ 12	65	2·100	4,600	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 13	—	—	—	1·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 15	67	2·200	5,400	1·5	1	11	0	0	0	0	4	41	33	10	—	—	—	—
F	„ 16	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 17	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 18	—	—	—	0·8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
G	„ 19	68	2·790	4,800	0·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 22	68	2·550	4,200	1·2	2	12	0	0	0	0	2	23	53	8	—	—	—	—
—	„ 26	70	2·500	—	0·8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 29	70	2·630	4,200	1	1	15	0	0	0	0	2	27	48	7	—	—	—	—
H	Nov. 2	70	2·800	—	0·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 5	75	3·400	4,000	0·8	1	13	0	0	0	0	3	22	53	8	—	—	—	—
—	„ 9	72	3·200	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 13	75	3·450	4,400	0·4	2	10	0	0	0	0	3	23	48	14	—	—	—	—
—	„ 16	80	4·280	—	0·8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 19	85	4·250	4,000	0·4	1	13	0	0	0	0	4	28	41	13	—	—	—	—
—	„ 26	82	4·010	5,800	0·6	0	11	0	0	0	0	2	28	45	14	—	—	—	—
—	„ 30	84	4·200	—	0·8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Dec. 3	88	4·270	5,000	0·7	0	8	0	0	0	0	2	43	29	18	—	—	—	—
—	„ 7	90	4·860	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 10	90	4·850	5,400	0·5	0	18	0	0	0	0	5	22	47	8	—	—	—	—
—	„ 14	92	4·800	—	0·6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 17	92	5·000	5,800	0·3	0	20	0	0	0	0	4	40	30	6	—	—	—	—
—	„ 24	93	5·050	6,000	0·4	0	8	0	0	0	0	0	42	42	8	—	—	—	—
—	„ 28	98	5·100	—	0·6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 31	92	4·800	4,800	0·8	0	12	0	0	0	0	4	40	38	6	—	—	—	—
—	1939 Jan. 5	97	5·120	—	0·5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
I	„ 5	B.M.	B.M.	23,000	..	0·5	4	1·5	10	13	13	13	16	14	2	—	—	11	2
—	„ 7	95	5·120	4,400	0·5	0	10	0	0	0	0	0	32	48	10	—	—	—	—
—	„ 11	90	5·000	—	0·8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	„ 15	98	5·200	5,600	0·5	0	4	0	0	0	0	4	38	52	2	—	—	—	—

B.M. = bone-marrow.

A.—*Sept.* 24, 1938: Very hyperplastic marrow, typically megaloblastic-promegaloblastic.

B.—*Sept.* 28: Hyperplastic marrow; many macroblasts made their appearance; megaloblastic, macroblastic.

C.—*Oct.* 2: Liver started, 1 lb. every day.

D.—*Oct.* 3: Hyperplasia is still marked, normoblasts predominating; macroblastic, normoblastic.

E.—*Oct.* 11: Cellularity is less and marrow distinctly normoblastic. Some aniso- and poikilo-cytosis is still present. Hardly any megaloblasts seen.

F.—*Oct.* 16: Campolon treatment started and liver extract by mouth stopped.

G.—*Oct.* 19: Scabies treatment started.

H.—*Nov.* 2: Liver, 1 lb. three times weekly.

I.—*Jan.* 5, 1939: Appearance of an absolutely normal bone-marrow.

showed achylia, which was again refractory to histamine, and the icterus index was now normal (2 units only).

COMMENTS

Although the patient was only 35 years old, which may partly explain the absence of such a characteristic feature as the greyness of hair, the incidence of the disease at this age is by no means uncommon.

The history of the illness is very characteristic. It was ushered in by diarrhœa and underwent a typical and complete spontaneous remission followed by a severer relapse.

The case illustrates very clearly the main guiding principles of liver therapy—namely, that liver or liver-extracts must be given in sufficient doses, and that any existing sepsis must first be treated before raw liver or extract can exert its full therapeutic effect.

The patient's diet, as described by the patient, was apparently adequate and did not suggest any specific deficiency which might be responsible for a nutritional macrocytic anæmia—a disease which we have not met with, even in the poorest classes, up to the present time in Egypt. Moreover, the absence of response to marmite and the presence of a histamine-refractory achylia, persistent after treatment, afford additional evidence that the case was one of genuine addisonian anæmia.

The bone-marrow puncture requires special comment. It gave the first clue to the presence of a disease which is so rare in Egypt. The repeated biopsy (see table) further demonstrates the subsidence of extreme hyperplasia and the transformation of a megaloblastic picture into a normoblastic one. This transformation, however, goes through a definite macroblastic phase, and a study of the remissions of pernicious anæmia under liver therapy leaves little doubt that megaloblasts, on the one hand, and macroblasts and normoblasts, on the other, are

neither strictly clean-cut and separate red cells nor genetically different, as was always emphasised by the Ehrlich-Naegeli school of hæmatologists. They are no more than one and the same mother-cell, whose degree of development is influenced by certain specific factors, and a serial study of the bone-marrow, which, thanks to the sternal puncture, is now safe and handy, leaves no doubt about this transition and their ultimate genetic and biological unity.

We are much indebted to Dr. M. Soliman, assistant physician to King Fouad I Hospital, for referring this case to us.

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CLINICAL USE OF TRIPHENYLCHLORETHYLENE

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THAT the administration of triphenylethylene and of triphenylchlorethylene can induce œstrus changes and mating has been demonstrated by Robson (1938) in the oöphorectomised mouse, monkey, and bitch, and by Robson and Schönberg (1937) in the hypophysectomised rabbit. The œstrogenic action of these substances has certain points of interest. They are active when given by mouth or by injection. The threshold of œstrogenic activity, as estimated by vaginal cornification in mice, is low—about a ten-thousandth of that of œstradiol (Robson 1938). On the other hand, when they are given by mouth, the duration of their action, weight for weight, is approximately the same as that of œstradiol benzoate (the œstrogenic preparation commonly used) and only slightly less than that of stilbœstrol; after subcutaneous injection the duration of action, weight for weight, is about three times that of œstradiol benzoate and five times that of stilbœstrol (Robson, Schönberg, and Fahim 1938). Further, they have been shown to have an extremely low toxicity towards animals; in mice the tolerated dose is at least four hundred times the œstrogenic dose, and total amounts, by injection, of 5·8 g. in a bitch, 8 g. in a monkey, 20 g. in a mare, and 0·2 g. in mice have produced no recognisable harmful effects (Robson 1938). In susceptible strains of mice prolonged and heavy dosage (not less than a total of 90 mg. given in weekly doses of 5 mg.) produce mammary carcinoma in the male, but in non-susceptible strains no tumours develop (Robson and Bonser 1938). In this respect, and in the occasional production of squamous metaplasia of the endometrium in treated animals, the action of these substances closely resemble that of the natural œstrogens (MacEuen 1933).

Experiments in vitro have shown that stilbœstrol, in a concentration of 1 in 1,000,000, causes the plain muscle of the uterus, intestine, and blood-vessels, but not heart muscle, to lose tone and the power of spontaneous rhythmical contraction and inhibits its reactivity to various activating substances—e.g., barium chloride and acetylcholine. Similar effects are obtained by using a 1 in 200,000 solution of œstradiol. A solution of triphenylethylene of the same concentration (1 in 200,000) did not reduce the reactivity to acetylcholine and caused no depressor effects (Dawson and Robson 1939).

The œstrogenic effect in primates, the low threshold activity, the very prolonged and powerful action, and the low toxicity suggested that these substances might be suitable for clinical use. Triphenylchlorethylene was used in this investigation because its action is greater and more prolonged than that of triphenylethylene.

METHODS OF ADMINISTRATION

Triphenylchlorethylene was prepared for oral use in tablet form, each tablet containing 200 mg.; in ampoules containing 250 mg. dissolved in 5 c.cm. of sesame oil, suitable for injection; and in cocoa butter made up in the form of vaginal suppositories, each containing 100 mg. Dissolved in sesame oil the substance tends to precipitate out on standing, but it can be redissolved by heating in a water-bath at 100° F. for twenty minutes. This tendency to leave an oily solution makes the effect of an injection of the substance more or less similar to the subcutaneous implantation of a tablet.

Tablets are given after meals, and as many as nine a day may be given without any fear of producing toxic effects.

Two injections are given a week apart to begin with, followed by a third injection three weeks after the second. Subsequent injections may be given at intervals of three or four weeks according to the response produced. Vaginal suppositories are used nightly for the first fourteen days of treatment and then on alternate nights or every third night, as determined by the progress made.

SELECTION AND CONTROL OF CASES

The cases chosen for treatment with triphenylchlorethylene were such as might have been expected to benefit from administration of œstrogenic preparations. The 41 cases treated included 4 of amenorrhœa; 16 in which menopausal symptoms were troublesome; 8 with atrophic vulvitis or some similar condition; 1 with atrophic rhinitis; and 12 cases in which it was desirable to inhibit lactation.

Where possible, the progress of most of the cases has been estimated and controlled in two ways: (1) by a subjective record of symptoms made by the patient over a period of two weeks before the institution of treatment and for a similar period thereafter, and (2) by an objective record obtained by repeated examination of vaginal smears. The technique used for this examination was that of Papanicolaou and Shorr (Papanicolaou 1933, Papanicolaou and Shorr 1936).

AMENORRHŒA

In each of the 4 cases treated there have been periods of withdrawal bleeding between the courses of treatment. The total dosage that has produced this result has been 12,000–16,000 mg.

In case 1 (table I), aged 23, with secondary amenorrhœa of two years' duration, 16,800 mg. of triphenylchlorethylene, given by mouth, produced results fairly similar to those obtained from 40·2 mg. of œstradiol benzoate given by injection. With further courses of treatment, three successive "periods" began about the seventh day after the administration of the drug had been stopped. This approximates closely to the withdrawal interval found when stilbœstrol is used

TABLE I—TREATMENT OF AMENORRHŒA WITH TRIPHENYLCHLORETHYLENE

Case No.	Age	Duration and type	Dosage				Response	Withdrawal interval
			Mode	Daily (mg.)	Days given	Total (mg.)		
1	23	2 years secondary	Oral	400	14	16,800	4-day period	6 days
			,,	800	14			
			,,	1200	10	23,800	4-day period	7 days
			,,	800	14			
			,,	800	21	16,800	4-day period	7 days
			,,	1200	14	16,800	4-day period	7 days
5	20	Primary	Oral	400	14	16,800	Period for several days	?
			,,	800	14			
			,,	200	14	2800	1-day period	4 days
39	30	2 years secondary	Oral	1200	10	12,000	4-day period	1 day
			,,	1200	10	12,000	4-day period	9 days
			Inj.	250	2	500	No bleeding	9 weeks
52	33	8 months secondary	Oral	1200	21	25,200	Period for several days	7 days

(Bishop et al. 1939) and agrees with the relative duration of action of these two substances when given by mouth to the experimental animal (Robson, Schönberg, and Fahim 1938).

In case 5 (table I), aged 20, with primary amenorrhœa, a profuse withdrawal bleeding of several days' duration followed oral administration of 16,800 mg. After a second course, reduced to 2800 mg. because of sickness with larger doses, bleeding, lasting a day, took place on the fifth day.

In case 39 (table I), with secondary amenorrhœa of two years' duration, the uterine cavity was 2¼ in. in length, and no endometrium was obtained by curettage. Two successive courses of triphenylchlorethylene 1200 mg. daily by mouth for ten days were followed by uterine bleeding: after the first, on the day treatment was stopped; and, after the second, on the tenth day after the end of the course. No treatment was given for three months, and there was no more bleeding. At the end of that time curettage revealed an atrophic stroma with no glands. Two injections of 250 mg. each were then given at an interval of a week. Eight and a half weeks after the second injection the uterine cavity was 2¾ in. in length, and the tissue removed by the curette consisted of a few broken-up endometrial glands and small clumps of stroma cells. The vaginal smear was of the well-developed œstrous or follicular type, with many clearly defined cornified cells with small nuclei, demonstrating, after eight and a half weeks, the prolonged action of the drug when given by injection.

MENOPAUSAL VULVITIS AND VAGINITIS

Of the patients, all postmenopausal, selected for this treatment, 7 had atrophic rather than primarily infective vulvitis and vaginitis. The eighth patient in this group complained of intense itching of the vulva, and, although bacteriological examination did not reveal a likely cause, the left labium majus was enlarged and indurated. In all these cases the chief symptom was irritation and itching over the vulva. In 2 cases the vulvar skin was dull and even white in places, and in 5 the local condition was a mild kraurosis, with patchy redness round the vaginal meatus and in the vestibule. In 6 cases there was also senile vaginitis.

The drug was given orally in 4 cases and by injection in 4. The amounts used in each course of treatment were not constant throughout this group, but the variations were not wide. The result of the treatment in almost every case was complete relief from symptoms (table II); where vaginal smearing was carried out, the follicular phase was eventually attained, and in 7 out of 8 cases the local condition was obviously improved.

An injection of 250 mg. followed a week later by a second injection, produced alleviation of symptoms within a week of the first injection. This dosage maintained a normal vaginal smear of the follicular type for four to five weeks and freedom from symptoms for about six weeks.

In case 2 (table II), with senile vaginitis, 500 mg. was given by the technique described, and, when she reported four weeks later, all symptoms had disappeared, the vagina appeared healthy, and the smears were normal. Four weeks later—i.e., eight weeks after the second injection—the vagina showed patchy redness, approximately half of the smear consisted of leucocytes, the remainder being mostly superficial cells clumped together and folded—a fairly advanced regressive type of smear—and the patient reported the return of the symptoms during the previous two weeks.

In 2 cases injections were carried on over a period of some months, being given at intervals of about four weeks. Benefit was well maintained during these prolonged courses, and there was no loss of toleration at any time. When the drug was given orally (in 4

TABLE II—EFFECT OF TRIPHENYLCHLORETHYLENE ON MENOPAUSAL VULVITIS AND VAGINITIS

Case No.	Age	Menopause: age and type	Dosage				Response 1. Subjective 2. Local 3. Smear
			Mode	Dose (mg.)	Duration of treatment (days)	Total (mg.)	
2	39	33 Cast.	Inj.	250	7	500	1. Relief for six weeks. 2. No redness. 3. Œstrus
			Inj.	250	92	1250	1. Complete relief 2. Healthy 3. Œstrus
8	45	43 Nat.	Inj.	250	1	250	1. Irritation less for 10 days 2. No change 3. Slight response
			Inj.	250	127	1750	11 Complete relief 2. Skin resumed normal appearance 3. Œstrus
13	34	31 Cast.	Inj.	250	8	500	1. Moderate relief 2. Some improvement 3. Œstrus
18	48	46 Nat.	Oral	800 400	56 49	44,800 19,600	1. Irritation relieved 2. Vagina Normal 3. Œstrus
31	40	39 Cast.	Supp.	100	21	1500	1. No change 3. Incomplete change
			Oral	800	6	4800	1. Slight improvement 2. ,, ,, 3. Increased cornification
38	50	48 Nat.	Inj.	250	8	500	1. Very much improved 2. Appears normal 3. Œstrus ten days later
49	53	43 Nat.	Oral	600 1200	7 28	37,800	1. Complete relief 2. Regeneration of normal vulvar skin
50	38	—	Oral	600 1200	28 14	37,600	1. Itching cured for one month 2. No change

Menopause: cast. = castration; nat. = natural.

cases), relief from symptoms and local improvement developed simultaneously.

Only 1 patient, case 31 (table II), so far has been treated with vaginal suppositories. She said that the itching was greatly lessened, but there was no improvement noticeable in the vaginal smear. On this evidence no opinion can be passed on the efficacy of the local application of the drug.

In this type of case, as in certain others also, there may be "congestive" bleeding. In 1 patient, case 8 (table II), there was fairly severe bleeding, lasting nine days, during treatment for leukoplakia vulvæ. Endometrial flakes were passed. Such bleeding is not uncommon in the course of prolonged administration of œstrogenic hormones (Papanicolaou and Shorr 1936, Werner and Collier 1933).

TABLE III—EFFECT OF TRIPHENYLCHLORETHYENE ON MENOPAUSAL SYMPTOMS

Case No.	Age	Menopause: age and type	Dosage				Response
			Mode	Dose (mg.)	Days given	Total (mg.)	
4	35	34 Cast.	Oral	400 800	28 14	22,400	Headache same; flushing improved
7	44	43 Cast.	Oral	400 800 400 200	7 28 14 14	33,600	Headaches, flushing and insomnia cured for 28 days
			Oral	600 400	21 28	23,800	Symptoms cured again; smear=œstrus type
10	32	32 Cast.	Oral	800 1200 800 400 200	10 7 14 7 21	34,600	Complete relief; flushings almost gone
14	34	33 Cast.	Oral	1200 800 600	24 28 42	76,400	Insomnia cured; flushings reduceed; headaches and sweating slight; smear=œstrus type
15	38	38 Cast.	Oral	400 200	7 35	9800	Flushing 70 in 14 days; headaches few and short
			Oral	800	35	28,000	Flushings and headaches very few
20	41	40 Cast.	Oral	1200 800 400 800	14 14 10 35	60,000	Flushings reduced; headaches few now; smear =œstrus
23	34	32 Cast.	Oral	800	60	48,000	Flushings much reduced; headaches still present; insomnia and palpitation improved; smear =œstrus type
26	31	31 Cast.	Oral	1200 800	35 21	58,800	Flushings reduced; smear =œstrus type
35	32	32 Cast.	Oral	800	14	11,200	Flushing decreased; head aches cured; smear =pre-œstrus type
40	33	32 Cast.	Oral	1200 1800	50 7	72,600	Flushing much reduced
41	40	40 Cast.	Oral	1200	28	33,600	Flushing much reduced
42	45	41 Nat.	Oral	600 1200	7 14	21,000	Flushing reduced for 3 weeks
43	43	42 Nat.	Oral	600 1200	16 14	26,400	Occasional flushing; no sweating
45	52	45 Nat.	Oral	1200	28	33,600	Flushing and headaches very much improved; vaginal itching cured
46	34	34 Cast.	Oral	1200	28	33,600	Flushing and headaches improved; insomnia cured
47	32	32 Cast.	Oral	1200 1200 1000	20 3 7	34,600	Flushing much reduced

MENOPAUSE

In 13 of the 16 patients treated the menopause followed surgical removal of the ovaries, and in 3 cases the symptoms were associated with a natural menopause. The symptoms which were specially noted were flushing, headache, sweating, insomnia, palpitation, nervousness, and neuritis. In 3 cases the headache was not alleviated by the treatment, but, apart from these cases which, incidentally, were cured of other symptoms, great improvement or complete cure was noted. In every case there was a considerable decrease in flushing, sweating, and insomnia.

The patients in this group all received the drug in tablet form, 200–1800 mg. (one to nine tablets) being taken daily for, in some cases, several successive courses of four to five weeks (table III). The effect of the drug was noticed within two days of the start of treatment, and after the average course, which lasted three to four weeks, the action of the drug was maintained for another two weeks before any recurrence of symptoms was noticed. Vaginal smears taken before the start of treatment always reflected the absence of ovarian secretion, but after treatment with triphenylchlorethylene the smears showed the building up of the vaginal skin to the type found in the sexually active adult. Smears taken two weeks after treatment had been stopped showed the waning action of the drug in the appearance of leucocytes and clumps of degenerating squamous cells. The duration of action after oral administration is exemplified in the record of case 7 (table III). After a total dosage of 33,600 mg. over a period of nine weeks there were no flushings noted in the patient's record over a period of two weeks. No further treatment was given for four weeks. From her further record a gradual return of symptoms was apparent from fourteen days after cessation of treatment, and the smears showed leucocytosis, mucus, bacteria, and partially cornified and folded squamous cells tending to clump together—regressive smear.

INHIBITION OF LACTATION

Triphenylchlorethylene was given to 12 patients to inhibit or stop milk secretion, 6 by mouth and 6 by injection (table IV). In those treated by mouth the total dosage has been approximately 4000 mg. given over a period of five or six days. A high concentration was obtained early by giving 1200 mg. on the first two days, and the dosage was subsequently decreased so that only 200 mg. (one tablet) was given on the fifth and sixth days. Where treatment was begun shortly after delivery, the breasts remained soft and painless in 4 out of 6 cases. Of the other 2 patients, one experienced discomfort on the third day, and the other secreted a considerable quantity of colostrum for three days but no milk. In 2 patients, treated by injection on the first day of the puerperium, the breasts showed no engorgement and remained painless. Where lactation was already established, treatment by tablets or by injection of 250–300 mg. led to cessation of milk secretion after three to five days, and in no case was there any recurrence.

Case 30 (table IV) presents features of interest. Both nipples were very badly cracked, and on the third day after the appearance of milk both breasts became acutely and completely engorged, and the temperature and pulse-rate rose. Ichthyol soaks were applied locally, and on the seventh day post-partum treatment with triphenylchlorethylene by mouth was begun. Temperature and pulse-rate fell,

TABLE IV—INHIBITION OF LACTATION WITH TRIPHENYLCHLORETHYLENE

Case No.	Indication	Day of puerperium started	Dosage			Response
			Mode	Total (mg.)	Days given	
16	Stillbirth	2nd	Oral	4800	5	Breasts involuted by 5th day Pain and engorgement on 3rd day; relieved. Constipation in puerperium
17	Stillbirth	1st	Oral	4000	4	No lactational activity Long labour Constipation in puerperium
21	Stillbirth	1st	Oral	4400	6	Slight engorgement 3rd day; regressed by 4th day
24	Acute mastitis	31st	Oral	4400	6	No secretion after 33rd day
29	Stillbirth	2nd	Oral	3800	5	No lactational activity
30	Acute mastitis (see text)	7th	Oral	3800	5	Painless by 10th day; recurrence in L. breast on 14th day
		14th	Oral	4400	5	L. breast normal in 3 days. Recurrence in R. breast on 21st day
		21st	Oral	3600	5	Small knot remained in R. breast
19	Stillbirth	1st	Inject.	250	1	No lactational activity
22	Stillbirth	1st	Inject.	250	1	No lactational activity
25	Child died 5th day	5th	Inject.	250	1	Regression rapid after 1st injection, still some secretion on 10th day. Lactational activity disappeared after 2nd injection
		10th	Inject.	250	1	
28	Premature child died on 4th day	4th	Inject.	250	1	All activity suppressed by 8th day. Tender and engorged on 4th and 5th days
32	Separation from child	19th	Inject.	300	1	L. breast activity ceased by 21st day, lump in R. breast (axillary tail) disappeared by 23rd day
34	Stillbirth	2nd	Inject.	300	1	Soft with no discomfort on 6th day

and both breasts were flat and painless after three days. Four days later a small lump was palpable in the left breast. A second course of triphenylchlorethylene was given, and by the seventeenth day the lump was no longer palpable. Again, four days later, a rounded, painful, and tender lump appeared in the right breast. A total of 3600 mg. was given over a period of five days, and ichthyol was again applied to the breast. By that time there was still a small localised thickening in the right breast, painless and not tender to touch, and it was thought safe to allow the patient to go home with a support and a kaolin poultice to the affected breast. A week later a localised abscess had formed at this spot in the right breast, and *Staphylococcus aureus* was cultured from it. It seems not unreasonable to assume that the administration of triphenylchlorethylene was serviceable in the prevention of more acute and widespread abscess formation, and that intensification or prolongation of the third course of treatment might have prevented the congestion in the breast which formed the basis of the final subacute abscess.

ATROPHIC RHINITIS

One patient with atrophic rhinitis has been treated by spraying triphenylchlorethylene in oil into the nose. There was much improvement, and clinically the result is identical with that obtained by the use of œstrone in oil (MacGibbon 1939).

TOXIC EFFECTS

In view of the reported occurrence of undesirable side actions with stilbœstrol (Bishop et al. 1939, Winterton and MacGregor 1939, Loeser 1939, and Donald 1939), a careful search for any recognisable toxic effects was made in this series of cases. Only 1 patient (case 5) reported nausea and vomiting during the first course of oral therapy. In a subsequent course with reduced dosage there was no sickness. Case 31, while taking a short course of the tablets, also experienced nausea. In 3 patients (cases 7, 10, and 20) there was flatulence after eating "more than a little bread." One of these said also that her appetite had decreased, but in every other respect her health had greatly improved. All these patients had been on prolonged administration of the drug. Case 1, who had been slightly constipated before treatment, complained of increased constipation while taking triphenylchlorethylene. Cases 16 and 17 also were constipated, but both had endured very prolonged labours. On the other hand, in Case 19, whose bowels were purposely kept confined for five days, there was no sickness, nausea, or flatulence.

In Cases 24 and 30, in whom lactation was suppressed by this treatment, there was passage of blood per vaginam thirteen and three days respectively after the drug had been stopped and seven and three and a half weeks post partum. In neither case was there any evidence of local uterine infection or subinvolution, and in both bleeding was slight and lasted for two days only. In Case 20 headache and lethargy reappeared during prolonged treatment, but both symptoms responded to circumscribed and more concentrated courses separated by intervals of rest. Headaches had not decreased in duration in case 4 after small dosage over a period of four weeks, and the patient could not be traced subsequently. There has been no instance of irritation or pain at the site of injection.

SUMMARY

Triphenylchlorethylene is a synthetic substance which simulates the action of œstrogenic hormones. It can be safely administered by mouth, by injection, or as a local application. It causes the same effects as the naturally occurring œstrogens—namely, uterine growth, proliferation of the endometrium, withdrawal bleeding, transition of menopausal to œstrous vaginal smear, relief of menopausal symptoms, and inhibition of lactation. The threshold activity is low; consequently its action is not sudden or dramatic. It has no definite toxic effects and can be administered in large doses or over a long period of time. Under these conditions adequate dosage is easy to maintain and gives a remarkable certainty of action. The duration of action by mouth closely approximates to that of stilbœstrol. By injection, however, the duration is singularly prolonged; after 500 mg., by the technique described, effective action persists for six to nine weeks. By this method, therefore, a very small dosage is sufficient to maintain a continuous high level of œstrogenic activity.

We acknowledge our thanks to Imperial Chemical Industries Ltd. (dye-stuffs group), who have ensured a supply of the drug; to Dr. J. M. Robson, of the department of pharmacology in the University of Edinburgh, who suggested that we should make clinical trials with this drug, for his valuable advice and willing help; and to Dr. W. F. T. Haultain for

his kindness in permitting the use of triphenyl chlorethylene in his wards in the Royal Infirmary, Edinburgh, where the greater part of this investigation has been carried out.

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AGRANULOCYTOSIS COMPLICATING TREATMENT OF ACUTE PEMPHIGUS WITH M. & B. 693

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SURVIVAL after acute (butcher's) pemphigus is sufficiently rare to warrant a report on the apparent value of sulphapyridine in this condition; and agranulocytosis is now recognised as a risk of high dosage with sulphonamide compounds, but the possibility of its occurrence after moderate dosage is insufficiently appreciated.

A case of chronic pemphigus vulgaris was improved by treatment with M. & B. 693 (Barber 1938) and had been observed by one of us. As a result of the course taken by that case, it was decided to try the effect of M. & B. 693 in the following case of acute pemphigus but to prolong the administration slightly in an attempt to overcome the tendency for the condition to relapse.

CASE-RECORD

A male, aged 29, was admitted on May 21, 1939, having sustained an "electricity burn" on his right forearm twelve days previously; this had been treated with tannic acid and was healing without sepsis. Three days before admission he had noticed irritation of his right ankle and found a small red patch surmounted by several small vesicles; a day later he became deaf. During these last three days he had had anorexia and nausea and had been unable to take anything other than fluids. On the day before admission the skin condition spread over his entire body.

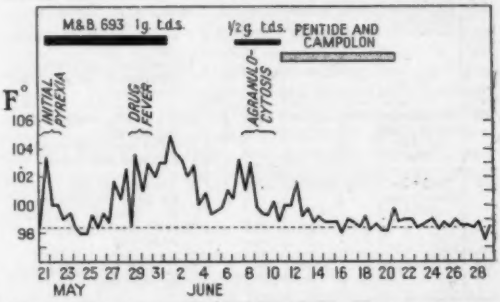
He was admitted in a profound toxæmia (temperature 103° F., pulse-rate 116, respiration-rate 20), with profuse tense dome-shaped bullæ filled with a clear fluid and varying in diameter from a few millimeters to an inch. These bullæ were thickly scattered over all parts of the body and occasionally had a narrow erythematous margin; the intervening skin appeared healthy. There were several small vesicles on the palate and buccal mucosa surmounting areas of erythema. The patient was deaf to all but very loud stimuli. Fine râles were heard at the bases of both lungs; the heart sounds were normal. No abnormality was detected in the abdomen. Blood-culture was sterile; culture of fluid from the vesicles gave only a very scanty growth of *Staphylococcus albus*.

Acute pemphigus was diagnosed, and treatment was begun with M. & B. 693, 1 g. three times a day, while locally the skin was bathed with a 1 in 10,000 solution of potassium permanganate, and a 2 per cent. solution of tannic acid in a 1 in 1000 solution of flavine in paraffin was applied frequently.

Two days later the patient felt better, and there was an improvement in the general condition (temperature 98·8° F., pulse-rate 116). Many bullæ had broken and were drying, while others were less tense; there were only one or two new lesions. The patient was also less deaf. On the 25th (fifth day) the vesicles in the mouth had subsided, leaving erythematous areas on the palate and buccal mucosa, while on the body the vesicles were drying and leaving a brown pigmentation. Local treatment was changed to calamine lotion, and the administration of sulphapyridine was continued.

On the 28th (eighth day) the temperature rose again to 103° F., and the patient was slightly cyanosed and became delirious. No further lesions developed, but the administration of sulphapyridine was continued for another four days, at which stage "drug fever" was diagnosed. On cessation of therapy the temperature began to fall slowly, and the general condition rapidly improved. The skin was dry, pigmented and scaling. This improvement continued for another six days until June 7 (eighteenth day), when the temperature again began to rise; but the only abnormal physical signs detected were slight cyanosis and a dilatation of the left heart, with a generalised harsh systolic murmur—the first time a cardiac abnormality had been detected in frequent examinations.

The possibility of an incipient relapse of the pemphigus was considered, and, since elimination of the drug appeared to be complete, M. & B. 693 0·5 g. was given three times a day. The temperature fell, but the general condition remained unsatisfactory. The eruption had completely disappeared, but the cardiac enlargement and murmur were still present,



Agranulocytosis complicating treatment of acute pemphigus with M. and B. 693.

and there was œdema of the feet. The spleen was not palpable, and the blood-culture was again negative. There was slight stomatitis but no faucial ulceration.

A white count showed 6000 cells, with only 17 per cent. polymorphonuclear, of which 90 per cent. were immature. There was thus depression of bone-marrow activity and some agranulocytosis. The sulphapyridine was discontinued, and Pentide 0·8 g. daily and Campolon 2 c.cm. daily were given. A blood-count on the next day showed 2950 white cells, of which 49 per cent. were polymorphonuclear. The condition then gradually improved, and on June 21 89 per cent. normally mature polymorphonuclear leucocytes were present in a total of 19,650 white cells; the hæmoglobin was 52 per cent., and there were 2,860,000 red cells per c.cm. Pentide was discontinued on the 24th and campolon continued twice weekly. The heart sounds were now normal, and no enlargement was detected. There was a faint erythematous rash, which quickly cleared with a calamine lotion, and the patient was eventually discharged on July 31 with a satisfactory blood-picture and in good general condition, and he has now returned to his work.

COMMENTS

The diagnosis of acute pemphigus seemed to be beyond doubt, although the condition is generally reputed to be a disease of butchers, and in this case the patient was an electrician. The large tense bullæ of wide distribution arising from normal skin; the absence of secondary infection in the bullæ or the primary lesion; the incubation period of nine days; the presence of lesions in the mouth, with negative blood and vesicle cultures; and the acute onset with profound toxæmia and delirium support the diagnosis, although the irritation and patches of erythema do not conform strictly with the typical picture of a more chronic pemphigus.

The effect of sulphapyridine thus appears to have been dramatic in a condition which has usually been considered to carry a grave prognosis. The temperature chart (see figure) shows the initial response to M. & B. 693; a secondary pyrexia from the eighth day, thought to have been due to "drug fever"; and a third stage of pyrexia in association with granulocytopenia, which may have been produced by the pemphigus or its causal factor or possibly by toxicity of the M. & B. 693. Cyanosis and erythroblastic depression are not often seen during the administration of sulphapyridine; therefore the drug may not have been the cause of the agranulocytosis. Erythroblastic depression is much commoner during treatment with sulphanilamide and develops in the early days of treatment and not as late as the eighteenth day. The total dose of 38 g. of M. & B. 693 is moderate in comparison with the higher doses that have generally been recorded in the reports of agranulocytosis from sulphonamide compounds (Nicol and Freedman 1939, Briggs 1939).

SUMMARY

A case of acute pemphigus developing nine days after an uncomplicated burn is reported. The condition responded favourably to the administration of M. & B. 693. Agranulocytosis was detected after a total dose of only 38 g. of M. & B. 693, and the patient made a complete recovery.

We are grateful to Dr. Arthur Davies, pathologist to the hospital, for the frequent blood-counts and for his help and advice in the treatment of the agranulocytosis.

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PEMPHIGUS NEONATORUM TREATED WITH SULPHAPYRIDINE (M. & B. 693)

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WE have been unable to find any record of treatment of pemphigus neonatorum with any of the sulphonamides. There are, however, records of the successful treatment of pemphigus in adults by this method (Caro 1938, Lain and Lamb 1938). The following case is therefore worthy of record.

A male infant, aged 2 weeks, who had weighed 7¼ lb. at birth, was admitted to hospital on Oct. 19, 1939. The mother said that she had noticed that his hands and feet had begun to peel on the first day after birth, although the rest of the body was normal. On the eleventh day the skin round the eyes had begun to peel and the face was bright red, later becoming dry and cracked. There was also a slight discharge from the eyes. On the twelfth and thirteenth days blisters had appeared on the inside of the right leg, spreading above the knee. The next day the blisters had spread on to the groin, abdomen, and chest. The child had been breast-fed since birth, and most of the stools passed had been green and loose. The mother was examined, and no signs of infection were found in the breasts or the hands. Her Wassermann reaction was negative.

On admission the infant was small and looked toxæmic, although fairly well nourished. The face and scalp were completely covered by a crusted eruption, and it was with difficulty that the eyelids could be opened. There was slight conjunctivitis. The skin on the thorax and abdomen was raw, with remnants of dead skin scattered over the whole surface. In the left axilla there was a large burst bulla, covering an area of about 3 sq. in. The buttocks were covered with large bullæ of various sizes, which were dirty and oozed much pus.

Treatment and progress.—The areas on the buttocks and axilla were cleaned up with flavine dressings, and on the 20th these areas were dressed with a 4 per cent. solution of silver nitrate in spirit, followed by a 1 per cent. solution of gentian violet in spirit. This was continued twice daily. On the same day sulphapyridine treatment was started, a quarter of a tablet (0·125 g.) being given six-hourly. On this day fresh bullæ appeared, covering the soles of both feet; these were the only fresh lesions to appear. Starch poultices, followed by Lassar's paste, were applied to the face and scalp. Culture of material taken from a bulla did not grow hæmolytic streptococci.

By the 23rd the lesions had so much improved that the application of silver nitrate and gentian violet was discontinued, and on the 25th (after five days) the sulphapyridine was discontinued. At this stage the bullæ had disappeared, and dead skin was being cast off. A few days later the application of Lassar's paste was stopped.

The patient had a slight pyrexia, never above 99·6° F., during the first four days in hospital. The pulse-rate and respiration-rate remained normal. He took his feeds from a bottle well. He was discharged from hospital completely cured after a stay of twenty days.

It is generally agreed that the non-specific type of pemphigus neonatorum is of streptococcal origin, but we failed to isolate this organism in this case. The local and general conditions of the patient on admission to hospital were such that the prognosis was grave in view of our experience of similar cases in the past. Although no conclusion can be derived from the treatment of a single case the satisfactory result tends to show that sulphapyridine may prove to be extremely beneficial in the treatment of this serious disease of infancy.

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RADON PLANT FOR SCOTLAND.—At a meeting of the Aberdeen University Court it was decided to set up a plant, which has been in use at Marischal College for the manufacture of radon, at a place which has been selected outside the city. Radon plants, it was said, have been set up in London and Sheffield, and the Aberdeen plant will serve Scotland. On the recommendation of the National Radium Committee all use of radium itself had had to be stopped in that district and all the radium removed out of the town or buried at least 50 feet below ground. War precautions had also decreed that the radon plant at Marischal College should be closed down. The erection of the new plant, however, will mean a continuation of the supply obviously required just as much in war-time as during peace.

OTOSCLEROSIS TREATED WITH SEX HORMONES

By J. Bernstien, M.B. Leeds, F.R.C.S.E., D.L.O.
AURAL SURGEON AT THE EYE, EAR, AND THROAT INFIRMARY, LIVERPOOL;
AND
Leon Gillis, M.B. Witwatersrand, M.Ch. Lpool

Although not dangerous to life, otosclerosis is one of the commonest and most serious causes of progressive deafness. It often affects young adults at the age when they should become valuable members of society. Otosclerosis may have some connexion with the hormones, especially the sex hormones, because it is definitely familial and hereditary; it is much commoner in females than in males; it often begins at puberty; it tends to cease progressing at about the menopause; and it is made worse by each pregnancy.

In devising therapy for otosclerosis we bore the following considerations in mind:—

(1) The embryological type of bone is deposited in the stapedial ligament and may even invade the cochlea.

(2) In a normal pregnancy the amount of œstrin in the blood is greatly increased and in a susceptible patient the otosclerosis increases. (We have not investigated the comparative amounts of œstrin in pregnant patients with and without otosclerosis.)

(3) In osteomalacia which may develop in patients without otosclerosis, there is considerable absorption of calcium from the bone. The cause is unknown but must be associated with the production of œstrin, for removal of the ovaries arrests osteomalacia.

(4) Administration of sex hormones causes dilatation of the peripheral vessels and an increased circulation of blood. This is more manifest if the heterogenic hormone is administered.

(5) Increased peripheral circulation might cause absorption of the embryonic bone present in otosclerosis.

We often did not obtain the classical triad in otosclerosis; the criteria applied by us were progressive tinnitus (usually the first symptom) and deafness; an apparently normal drum and middle ear; a negative Rinne; no improvement on inflation; paracusis willisiana, when present (it was often absent); a family history of deafness without syphilis, when present (it was often absent); and the classical flamingo-red blush seen through the posterior inferior quadrant of the drum (more often absent than present).

INVESTIGATION AND RESULTS OF TREATMENT

We investigated and treated uncomplicated cases of otosclerosis. The patients were not selected but were accepted for treatment as they presented themselves at the hospital, no distinction being made between mild and severe or early and late cases or between male and female patients.

We treated all of them with injections of sex hormones, some receiving homœogenic hormones and others heterogenic. In many cases we "rang the changes," without the patient's knowledge, to test the effects of the different hormones. The hearing of the patient was tested with the spoken voice, the whispered voice, and the tuning-fork, an audiometer not being available at the beginning of the investigation. Tests with the spoken voice and whispered voice gave sufficient information about improvement or otherwise of the hearing. A good idea of the progress can be obtained from the opinions of the patient's friends and relations.

The accompanying table shows the results obtained and the following typical case-records illustrate the method and results of treatment.

TREATMENT OF OTOSCLEROSIS WITH SEX HORMONES

—		Improved	Not improved
Males ..	18	7	11
Females ..	38	24	14
Total ..	56	31	25

ILLUSTRATIVE CASE-RECORDS

Case 1.—A man, aged 25, single, seen on April 13, 1938, complained of persistent tinnitus and progressive deafness in the left ear for the past few years. Recently the right ear also became similarly affected. His mother had been deaf for many years. On examination the drums appeared to be normal, but Rinne's test was negative. Inflation gave no improvement. Whispered voice: left, not heard; right, 18 in.

The patient was given twelve injections of œstrone 20,000 units at weekly intervals. At the end of this course he said that the tinnitus had almost gone and the hearing had improved. Whispered voice: right, 6 in.; left, 12 in. He was then given three weekly doses of 10 mg. of Perandren, after which he reported that the tinnitus had been worse and that he did not hear so well. On testing, however, he heard a whisper just as well as he did before receiving perandren.

He returned to œstrone 20,000 units at weekly intervals and rapidly improved. In March, 1939, he said that he had no tinnitus and that his hearing was much better. Whispered voice: left, 4 ft.; right, 2 ft. This improvement has been maintained by taking the administration of 1 mg. of stilbœstrol dipropionate by mouth.

Case 2.—A young woman, aged 22, single, seen on July 26, 1937, complained of progressive tinnitus and deafness in both ears for the past twelve months. She said that the condition was worse in her right ear. No family history of deafness, no history of aural discharge. Drums appeared normal. Rinne negative. No improvement on inflation. Whispered voice; left, 3 in.; right, 4 in.

She was given four weekly injections of œstrone 10,000 units, without any improvement. She was then given twelve weekly injections of perandren 5 mg., and in October, 1938, was greatly improved. The tinnitus had gone. Whispered voice: right, 2 ft.; left, 4 ft. This improvement continued, and she is now having perandren 20 mg. every six weeks.

Case 3.—A girl, aged 18, seen on July 24, 1937, gave a history of tinnitus and progressive deafness for the past ten years. She was a typical case of otosclerosis, although the condition appeared to have begun very early. Right ear: whispered voice not heard; spoken voice, 6 in. Left ear: whispered voice not heard; spoken voice, 6 in.

She was given twelve injections of perandren, 10 mg. at weekly intervals, and she improved considerably. In November, 1938, she said that she only had tinnitus when she was excited, and that her hearing was better. Whispered voice: right, 4 in.; left, 12 in. Perandren was continued at monthly intervals in doses of 10 mg., and in May, 1939, she had little or no tinnitus and heard better. Whispered voice: right, 6 in.; left, 15 in.

Case 4.—A man, aged 42, married, seen on Jan. 3, 1939, said that he had been getting very deaf since 30 years of age (paracusis willisiana). His father and several others in the family had become very deaf (paracusis willisiana). Rinne's test negative. This

patient could only hear a loud shout near the ear, and we only undertook the case as an experiment.

He was given perandren 10 mg. weekly for six weeks and was not any better after this course. He was then given stilbœstrol 1 mg. each morning and twelve weekly injections of Ovocyclin P in 5 mg. doses. By May, 1939, he could hear a spoken voice (not a shout): right, 6 in.; left, 3 in.

CASE 5.—A married woman, aged 42, seen on May 26, 1937, complained of tinnitus and deafness for some considerable time past. Sister deaf. Paracusis willisiana. Inflation, no improvement. Whispered voice: right, 1 in.; left, 1 in. Diagnosed as otosclerosis.

Seven weekly injections of Progynon 10,000 units were given. Tinnitus worse. No improvement in hearing. A change was then made to perandren, and after three weekly injections of 5 mg. tinnitus became much less and hearing had improved. Perandren was continued in doses of 10 mg. in increasing intervals up to six-weekly intervals. On May 3, 1939, tinnitus almost gone. Whispered voice: right, 15 in.; left, 18 in.

CASE 6.—A married man, seen on May 31, 1938, gave a history of progressive tinnitus and deafness in the right ear since June, 1931. He said that the same condition appeared to be starting in the left ear. Rinne positive. Wassermann reaction negative. Urine showed a faint trace of albumin. We felt that this was a case of toxic nerve deafness of unknown cause and decided to try the homœogenic hormone.

He had five weekly injections of 5 mg. of perandren and at the end of this period complained that his tinnitus and deafness were much worse. Whispered voice: right, not heard; left, 3 in. We decided to try the effect of the female hormone, and he had twelve weekly injections of œstrone 20,000 units. At the end of this course he reported great diminution of the tinnitus and improvement in the hearing. Whispered voice: right, 4 ft.; left, 6 ft. Injections were given at longer intervals, until with 20,000 units every six weeks he is maintaining improvement.

CONCLUSIONS

There is some intimate connexion between the gonadal internal secretions and otosclerosis. It may be that in otosclerosis there is an imbalance between male and female hormones. Such imbalance can be rectified by administration of the deficient hormone. Therefore there is now available a non-surgical treatment of otosclerosis.

Our investigation has proceeded for a sufficient length of time to show the efficacy or otherwise of the treatment. Since the usual course of otosclerosis is progressive deterioration, any improvement is a considerable advance.

Much more work is necessary to find the best method of using sex hormones in otosclerosis. Meanwhile sufficiently good results have been obtained to encourage further investigation—e.g., whether any particular type, sex, or age-group responds more readily. In any case there is now much more hope for the otosclerotic. This line of research may also elucidate the ætiology of otosclerosis.

We have also administered sex hormones in presbyacusis and have obtained some encouraging results with homœogenic hormones.

SUMMARY

Sex hormones have been administered with beneficial results in otosclerosis. In most cases the heterogenic hormone was responsible for the improvement.

We thank Messrs. Schering for providing us with Progynon and Testoviron, and Messrs. Ciba for supplies of œstrone and Perandren.

REDISTRIBUTION OF ABNORMAL FOOT PRESSURE

BY M. S. HOLMAN, M.B. Lond.

SURGICAL OFFICER IN CHARGE OF THE FOOT CLINIC AT THE BIRMINGHAM GENERAL DISPENSARY

THE modern treatment of most foot deformities aims at the redistribution of foot pressure so that the weight-bearing surface will approximate to the normal. The conception "foot support" is generally wrong and, as applied to the commercial article, inaccurate. Metal supports generally lock the spring-like action of the medial half of the foot and interfere with normal function, and their success is mainly due to their redistribution of weight pressure under the fore part of the foot. In a high proportion of cases the present methods are inadequate. In these, cases which are either not quite bad enough to require operation, or for various reasons cannot have the necessary surgical treatment, or in which operation has failed, I use Formit. This is a compound which can be made plastic by heat, moulded, and then rapidly vulcanised to form spongy rubber. The completed pad can be worn inside or outside the sock.

TECHNIQUE

A mould of the foot while bearing weight is taken in plaster-of-paris. The cast is then taken in the same material and thoroughly dried in an oven. A piece of chamois-leather is pasted on the cast with Bondfix. In the meantime a sheet of formit A and one of formit B are softened by heat and mixed together to form a homogeneous pink plastic mass, which is then applied to the cast, moulded to the required shape, and covered with chamois-leather. The edges of the chamois-leather are well stuck down with bondfix. The whole is then returned to the oven, and within 30 min. vulcanisation is complete. Tape, to which is later sewn an elastic loop, can be placed across the rubber before the chamois-leather is applied.

Plantar pads are the commonest type and may be (1) complete, extending the full length of the foot, including the borders of the sole; (2) long, extending the full length of the foot and laterally just to the borders of the sole; (3) short, covering the anterior two-thirds of the sole of the foot, the edge being just within its margin; or (4) anterior, covering the ball of the foot only. The surface in contact with the foot accurately fits its contour; the surface in contact with the shoe is flat across the line of the metatarsal heads and outer border and arched at the longitudinal arch; and so the impression of the corrected foot approximates to normal. The flat surface is obtained by resting a metal plate on the pad during vulcanisation. Tapes, if used, pass across the pad just behind the impression of the callosities of the foot and just anterior to the heel.

For exostoses the pads should be very small and should fit as a small cap on the projecting bone. Tapes and elastic loops may be used. Pads may also be made to relieve pressure over scar tissue or to relieve pain in any arthritic joints of the foot. Cases which I have treated by this method include the following:—

Anterior foot deformities	31
Exostoses	4
Severe hallux valgus	4
Marked arthritis of first metatarsotarsal joint	1—40

ILLUSTRATIVE CASE-RECORDS

CASE 1.—A woman, aged 33, began to complain five years ago, after rheumatic fever, of painful feet. Two years ago the second metatarsal heads of both feet were removed. Later the third and fourth metatarsal heads of both feet were removed. Two months ago the patient was first seen at the foot clinic; walking was very painful. Long formit pads without tapes and extending almost to the border of the foot were made. There has been much improvement, and the patient can now walk appreciable distances without pain.

CASE 2.—A woman, aged 70, with rigid eversion of the fore part of the foot with severe callosities at pressure points. On standing, she tried to place the fore part of the feet flat, producing apparent genu valgum. Complete formit pads, extended just to include the sole margins, were made. These were also built up along the outer border, making the posture of the feet normal and preventing static genu valgum. The pads now permit the patient to walk in comfort and reduce the number of chiropody treatments required to about a third.

CASE 3.—A man, aged 50, had foot trouble since childhood. For thirty years walking had been difficult and painful. Examination showed both feet to be lacking in muscular tone. There were large callosities under the first, fourth, and fifth metatarsal heads and under the right cuboid and severe clawing of the outer four toes of both feet. Three months ago short formit pads with elastic loops were made and the patient's condition has greatly improved.

CASE 4.—A man, aged 60, had had trouble with his feet all his life. He had rigid double pes cavus, clawing of the outer four toes, and corns under one and five metatarsal heads. Short formit pads with elastic loops were made for him, and this was followed by the usual improvement.

CONCLUSIONS

Most of the painful deformities of the feet can be considerably alleviated by redistribution of pressure. In these severe deformities formit pads give better results than any other non-operative method.

MEDICAL SOCIETIES

ROYAL SOCIETY OF MEDICINE

SECTION OF THERAPEUTICS AND PHARMACOLOGY

AT a meeting of this section on Dec. 12, with Sir WILLIAM WILLCOX in the chair, a paper on the use of

Convalescent Serum in the Treatment of Acute Rheumatic Fever

was read by Dr. C. A. GREEN. He said that this work related to a number of young men in a physical training establishment who had shown rheumatic manifestations. A nasopharyngeal infection usually preceded an insidious onset of joint pains and the patient was found to be febrile. The pyrexia rarely lasted longer than a week, and the joint lesions rapidly improved under ordinary treatment. The patients who showed no tendency to develop cardiac lesions and were otherwise healthy young adults went on to convalescence, and some weeks after the temperature had subsided serum was taken from them. This was filtered and preserved and used in the treatment of other cases of acute rheumatism in the same group of individuals with the classical fleeting joint pains and a marked tendency to cardiac involvement. The first effect of serum therapy was to relieve symptoms and cause a return of temperature and pulse-rate to normal. Of 15 cases treated, 9 were considered to have benefited, but not enough serum was available for adequate dosage in every case. Most of the patients received from 10 to 50 c.cm. of serum, generally intramuscularly, on three successive days; 2 showed a partial collapse some time after the administration but rapidly responded to appropriate treatment. He emphasised the preliminary nature of these observations, and said that the value of this method could not be estimated until all possible cardiac lesions had been assessed.

Sir WILLIAM WILLCOX said that although it was known that the hæmolytic streptococcus was closely associated with acute rheumatism the other suspected factor had so far proved elusive. The fever and pain could be controlled by salicylates, but no remedy was known which would control the development of cardiac lesions, save prolonged rest and the utmost care to avoid infection.

Dr. W. H. BRADLEY pointed out that cases of rheumatic fever, if untreated, would be found to fall into two groups—a monocyclical group which resolved quite rapidly, and a polycyclical group, in which rises and falls of temperature, the rises being accompanied by rheumatic manifestations, persisted for weeks or months. It was this uncertain factor which made it so difficult to arrive at any conclusion regarding serum therapy.

Dr. H. J. PARISH asked whether reactions were obtained with the use of serum from non-rheumatic subjects.—DR. GREEN replied that the effect of normal serum in these cases had not yet been tried.

Prophylactic Vaccination against Whooping-cough

In a short paper Dr. I. H. MACLEAN said that at least half of the cases which came to St. Mary's Hospital as whooping-cough were not whooping-cough, as ascertained by the cough-plate method of diagnosis, which was the only reliable one. He gave figures relating to about 500 cases immunised at his clinic and coming to him from other sources, together with the number of exposures, and said that so far, in work which went back to 1936, not one failure had been recorded. Owing to the war it had not been possible to keep in touch with the most recent cases, but he believed that the immunisation had also been completely successful in them. His figures did not relate to cases vaccinated during the contact period. Immunisation during the incubation period was not often successful; some 25 per cent. of such cases failed to develop a severe cough or vomiting, but nearly all of them would give a positive cough-plate. He believed that there was a stage during the contact period when immunisation did no good and might do a little harm. His cases included only those which had been immunised at least a month before exposure to the disease. He customarily gave three or four doses of 4000 million organisms at weekly or biweekly intervals followed by a stimulating dose of 4000 million a month later. He did not think that the large doses sometimes recommended were necessary for adequate prophylaxis.

Prof. ALEXANDER FLEMING said that the prophylaxis of whooping-cough by vaccination was a therapeutic measure comparable with typhoid vaccination,

and indeed it was more valuable because whooping-cough was much more widespread in this country.

In reply to a question Dr. MACLEAN said that he did not believe that an attack of para-pertussis would protect against pertussis. In the pertussis vaccine he used about 10 per cent. of para-pertussis strain was now included.

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY

AT a meeting of this society on Dec. 14, with Dr. ALEXANDER BALDIE in the chair, a paper on

Discipline and Leadership in National Emergency

was read by Dr. H. CRICHTON-MILLER, who asked his audience to imagine they were on an ocean liner. On leaving port the captain is in supreme command, directing the course of the liner in the safest way possible and efficiently coördinating the activities of the crew. The liner in certain respects resembles a beehive, but with this important difference: in the beehive the several members are instinctually and biologically adapted to one function only, whereas on the liner the various members of the crew have been adapted to their respective functions by education, training and selection. In place of a biological urge, the human worker accepts a super-ego impulsion on a rational basis. But suppose that a mutiny breaks out. The single incentive among the mutinous mob is hate or resentment, and it expresses itself in aggression. Rational considerations are eclipsed, super-ego impulsions are discarded, and an instinctual pattern of behaviour dominates. Dr. Crichton-Miller then contrasted the behaviour of the mutineers with that of a boat-load of sailors from a shipwrecked vessel. Here the dominating emotion is fear. The degree to which discipline is maintained will depend on such factors as the ability of each member to subordinate his instinctual urge to self-preservation in favour of rational and disciplined behaviour, and the presence in command of a leader whose authority is unquestioned and whose seamanship and experience are unchallenged. In the psychology of the mob rational considerations are completely excluded. It is useful to note the way in which the dictators of today have manipulated the populations of their respective countries. Super-ego compulsions are made to coincide with instinctual emotions of hate and fear. Thus the German nation is being whipped into a frenzy of rage against England, while it is made to fear "encirclement" as a national catastrophe. Similarly, Mussolini's rise to power was entirely based on the fear of communism. When the Duce had assumed the supreme power in the country, organisation and coördination had to follow, but always on the stock lines of maintaining national aggressivity by promoting hate of some enemy and fear of some danger that would result from individualistic action.

Turning to the leader himself, Dr. Crichton-Miller considered how he may be chosen and what may be his functions. In so far as a leader is chosen by any group of mankind, the choice is usually based on prestige. It is true that many monarchs have no claim to prestige except a genetic one, but kings are more and more ceasing to be leaders. Other sources of prestige are race, caste, physical superiority and age. Perhaps the nation that most shows its psychology in its choice of leaders is the French. Finally, of the leaders who have attained to their positions on purely psychological grounds, Gandhi is the most outstanding example, for his prestige is based exclusively on personality. It is particularly noteworthy that the quality of self-control—so important for good leadership—is by no means essential to acceptance as a leader. A mob will follow anyone who satisfies the uncritical demand for someone who appears to know where to go and what to do. But the best leader will be chosen only by a group that is capable of rational discrimination. Of the qualities of the leader, the first and most important is to have vision. The good leader should be able to persuade the intelligent and the open-minded of the wisdom of his proposals. But this rational approach is not sufficiently dynamic or spectacular for the man of limited intellect nor for the man under powerful emotional tension. We have only to contemplate the relative performances of Lord Balfour and Mr. Lloyd George to realise the truth of this statement.

Perhaps the acid test of leadership can be found in the familiar epigram: "The weak have prerogatives; the strong have only responsibilities." Balfour emphasised the responsibilities; Lloyd George stressed the prerogatives; Asquith balanced the two. Abraham Lincoln is perhaps the most outstanding leader in all history for his true interpretation of these words. He used the strength of the North to give the slaves of the South the prerogative of freedom; his prestige was entirely based on personal qualities. What he did was done with rationally controlled emotion; his vision never failed.

After replying to various queries, Dr. Crichton-Miller summed up by saying that he thought the critical point was the recognition of the essential qualities of a good leader. This was largely an intuitive matter and not necessarily the result of education. For example, Sir Oswald Mosley was more acceptable to certain educated groups than he was to the plain working man. The latter, even if illiterate, saw more easily through the would-be leader's complete narcissism. Native vision promoted the choice of the good leader. Science alone never revealed the axe-grinder.

The Lancet 100 Years Ago

Dec. 28, 1839, p. 514.

From a leading article.

It cannot be denied that many members of the English Universities cherish an esteem for their *alma mater*. The period which they spend there is a pleasant season of life, and, like the spring season of the year, brings with it pleasures of its own, that remain associated with the place; they form many friendships at College; the mind expands; men plunge into the mathematics and the abstract sciences, or hoot the proctors; study EUCLID, caricature the tutors, and wander in the groves of mythology, or the streets of Barnwell. Then there are the heavenly pleasures of prayers, besides the porters knocked down, the 39 Articles, the moral discipline, and the citizens insulted; the Fellowships; the fat livings; the honours fairly won; all connected, in some way or other, with the Universities, and which, woven into the web of youth, are remembered, like the morning sky, in the meridian and decline of life. But the student has no agreeable associations with the College of Surgeons. The bad coffee, a bludgeon-mace, and hair-breadth escapes from the hands of ignorant, crack-brained examiners, dwell alone in his memory.

REOPENING OF ROYAL NATIONAL HOSPITAL AT BATH. The Ministry of Health has agreed with the committee of the Royal National Hospital for Rheumatic Diseases at Bath that its beds may again be occupied with rheumatic cases on the understanding that the hospital can be reconverted at a week's notice for emergency purposes. In the New Year therefore the hospital will revert to its pre-war use. It is not yet known whether a beginning can be made with the new hospital of which the foundation-stone was to have been laid by Queen Mary on Sept. 28.

REVIEWS AND NOTICES OF BOOKS

Human Histology

A Guide for Medical Students. By E. R. A. COOPER, M.Sc., M.D., lecturer in histology in the University of Manchester. London: H. K. Lewis and Co. 1939. Pp. 424. 16*s*.

THERE is a tendency nowadays to link histology with anatomy rather than physiology, and it is therefore coming to be taught from human rather than animal material. At Manchester this association has been in being for twenty years and Dr. Cooper in this admirable handbook reveals the advantages and disadvantages of the system. The description of the tissues and organs is well done, for descriptive morphology is difficult to make interesting, and each chapter has a supplement of practical work. The section on cartilage and bone, in which the author had the assistance of Professor Baker, is of especial merit. The weakness of the book is its lack of attention to cytology, and a tendency to teleological thinking. For example, Dr. Cooper says that nothing is known of the origin or function of tissue mast cells, in spite of the great volume of work on the histochemical significance of metachromasy and the possible relation between heparin and these cells. He says that nucleated red cells are not found in the circulatory blood after the eighth week of fœtal life, he is apt to confuse the erythroblast and the megaloblast and still puts forward the view that the Flemin's centres in the lymph follicles are zones of active lymphopoiesis. Nevertheless, the book is an admirable introductory guide to human histology for students and reasonable in price, considering the large number of clear and carefully chosen illustrations.

Whitla's Materia Medica and Therapeutics

(13th ed.). By J. H. BURN, M.D., professor of pharmacology in the University of Oxford; and E. R. WITHELL, B.Sc., B.Pharm., Ph.C., A.I.C., head of the department of pharmacy and biology at Birmingham Central Technical College. London: Baillière, Tindall and Cox. 1939. Pp. 536. 12*s*. 6*d*.

WHITLA's well-known book has undergone drastic revision. The section on therapeutics, which was previously arranged alphabetically under the names of drugs and contained the kind of information that is imparted to medical students at the bedside, has been replaced by a synopsis of applied pharmacology from Professor Burn's dashing pen, full of the latest information. Hormones now occupy about 30 per cent. of the available space. There is an interesting chapter on biological variation, which brings out the fact that all men are not equal and that there are wide normal variations in such measurements as blood-pressure and in the response to drugs. Dr. H. M. Sinclair has written an admirable short summary of modern knowledge on the vitamins from both theoretical and practical points of view. The revision of the section on pharmacy by Mr. Withell has been less radical, but much useful new matter has been added, notably in the chapter on sterilisation.

Clinical Pathological Gynecology

By J. THOMWELL WITHERSPOON, M.A. Oxfd, M.D. Johns Hopkins, formerly associate professor of experimental gynecology, Indiana University Medical Center, Indianapolis. London: Henry Kimpton. 1939. Pp. 400. 30*s*.

THIS branch of pathology is perhaps of greater interest than that of any other part of the body, for the physiological changes that take place in the endometrium and the extraordinary variety of new growths that may arise from the ovary have no parallel elsewhere. Professor Witherspoon does justice to his subject. His book is sufficiently thorough to enable the student to acquire an understanding of gynæcological pathology, and from this, with a little common sense, he will be able to work out the clinical picture and treatment of the condition. At the end of each section the author mentions the treatment indicated together with the prognosis, but he has not tried to include any description of clinical methods of examination and diagnosis, obstetrical injuries or malpositions of the uterus, or operative technique. The illustrations are numerous, most carefully chosen, and beautifully reproduced. A book of this type should be used as an introduction to the study of every branch of medicine.

Disorders of the Blood

(3rd ed.). By LIONEL E. H. WHITBY, M.D.Camb., F.R.C.P., and C. J. C. BRITTON, M.D., D.P.H., assistant pathologists, Bland-Sutton Institute of Pathology, Middlesex Hospital. London: J. and A. Churchill. 1939. Pp. 603. 21*s*.

THE general scheme in this edition remains unchanged. There is a clear summary of the technique and value of sternal biopsy and a useful account of Quick's method of estimating prothrombin which is becoming increasingly important in recognising vitamin-K deficiency. Notes on stored blood for transfusion and the use of heparin as an anticoagulant are also included. The chapter bibliographies contain many fresh references, though several recent fundamental papers are omitted, notably those dealing with pigment metabolism. It is disappointing to find no clear picture of the revolutionary work on the hæmolytic anæmias that has been done by Hielmeyer, Watson and Rimington in the last few years. The story of hæmoglobin metabolism is still far from complete, but there is no reason why the available information should not be given to students. It is also surprising to find no allusion to the work of Robb-Smith and Ross on the obscure diseases classed as "reticuloses." In spite of these criticisms there is no more adequate review of blood diseases in the English language than this.

Annual Review of Biochemistry

Vol. VIII. Edited by J. M. LUCK and J. H. C. SMITH, Stanford University. London: H. K. Lewis and Co. 1939. Pp. 676. 22*s*. 6*d*.

As we have remarked in noticing previous editions, this review is almost by definition unreviewable. The standard of excellence of the articles has been fully maintained, but the selection of any for special comment must depend on the personal interest of the reviewer. The article entitled "X-ray studies of the structure of compounds of biological interest" by W. T. Astbury is important in that it describes the application of X-rays to the study of protein, nucleic acids, polysaccharides and other substances of biological interest. It is clearly written and should be understood even by the non-mathematical. Another interesting study is that on immunochemistry by Chase and Landsteiner. This is a complete account of the year's work, and indicates the great advances that have been made. There are 226 references, which gives an idea of the amount of work that has been done during the year. This is a volume which should be found in every biochemical library.

THE LANCET

LONDON: SATURDAY, DECEMBER 30, 1939

MORE SHOCKS

PSYCHIATRISTS used to be reproached with their lack of therapeutic zeal; it was said they were resigned when they should have been hopeful and enterprising, and torpid when energy was called for. Whether the reproach was deserved or not it seems to have stung them into a therapeutic fury. Continuous narcosis, insulin shock and Cardiazol fits have proved that the psychiatrist is at least as daring as the surgeon nowadays. The papers by KALINOWSKY in our issue of Dec. 9, and by FLEMING, GOLLA and WALTER in this record another bold step, first taken by CERLETTI and BINI in Italy and now passing into other countries. Electrically induced fits are apparently less dangerous and less disagreeable than those due to cardiazol or triazol; the patient's memory of the preliminaries "fades as rapidly as a dream" and none of the patients has refused to have further treatment. There is no risk to life, and less possibility of fractures than with cardiazol convulsions. It may be said that these are after all negative considerations; the real justification for the use of such a method must lie in its therapeutic success. But there are not yet sufficient data for any conclusion as to this, which is by no means surprising when the controversy about the value of insulin and cardiazol shock is considered, a controversy still quite unsettled in spite of their widespread use. FLEMING and his collaborators point out that the electrical method has value, even apart from any therapeutic advantages, as a tool for research into epilepsy. If a method is harmless and possibly beneficial to patients, and can be turned to the uses of investigation as well, there cannot be objection to its employment with adequate precautions. FLEMING, GOLLA and WALTER do not set a high standard of adequacy in such precautions for those who may be inclined to follow them. The operator, they say, needs only a small amount of training and experience, he can dispense with any knowledge of physics, and the preparation of the patient need take no more than a minute. KALINOWSKY draws attention to one conceivable danger—cerebral damage—only to dismiss it. There are, however, some grounds for reserve on this point. Animal experiments cannot be regarded as final, and such cases as that of MARCHAND and PICARDI [1] indicate that electrical shock which is not severe enough to kill the patient may cause lesions in the brain leading to a slow diffuse sclerosis associated with some mental abnormality. The transitory and mild nature of the disturbance produced by the method of CERLETTI and BINI renders it unlikely that any single convulsion could be accompanied by lesions of comparable severity, but the frequent repetition of the convulsions, sometimes to the extent of four or five at a single session, raises the same doubts as have often been voiced in regard to cardiazol. There is still a chance that the brain has *nemo me impune lacessit* for its motto. Such considerations indicate the desirability of caution before electrically induced convulsions are allowed to become the fashionable method of treating severe psychoses. But we must not let unconscious associations with what is done periodically in a room at Sing Sing prejudice us against what may well turn out to be a valuable step forward.

1. *Encephale*, 1935, **30**, 229.

THE NEED FOR PRACTICAL EUGENICS

Dr. RICHARD BERRY [1] has lately drawn attention to the burden placed on the community by the mental defective. In an analysis of the nearer blood relatives of the inmates of a hospital for defectives, he finds that, out of 4115 children of 1050 families, only 18 per cent. were certainly normal while 35 per cent. were certified mental defectives. This latter percentage presumably includes the patients who served as the starting point of the investigation, but that is little consolation for other members of the state which has to pay for them. Dividing the families into groups according to the certainty of the information available, and according to the mental state of the parents, he finds one group of 202 mentally abnormal men and women produced 443 mental defectives. Calculating the cost of upkeep at 30s. a week per individual for an average of twenty years, it will be seen that these 200 families provide a direct capital burden on the state of over half a million pounds. This is not taking into account the capital cost of the buildings in which the defectives are housed, nor the innumerable other sources of expenditure their families entail—for relief, for physical ill health, for criminality, and so on. Against this enormous outlay there is practically nothing on the credit side.

The facts are not in dispute. There is a large population of certified mental defectives in this country, and a still larger population of borderline cases and of dull and backward men, women and children. In point of numbers affected, most of these conditions are said to be caused by hereditary deficiencies, and to be refractory to improved education and other social measures. There is no evidence that processes of natural selection operate to diminish the numbers of the mentally defective in successive generations; in fact the evidence we have is to the opposite effect—that they are tending to increase. We are now at the beginning of a war in which large numbers of the socially most desirable will very likely be destroyed, or in any case be prevented from adding to the number of their children. For a long period, how long we do not know, the state has been suffering from an adverse differential fertility. For decades the birth-rate has been falling and a declining population is now inevit-

1. Berry, J. A., *Bristol med.-chir. J.* 1939, **56**, 178.

able. We are in the position of a man who has been frittering away his capital in driblets of increasing size, and now, to meet a sudden emergency, has to sell his best securities. It is time to consider whether practical eugenic measures have not become a national urgency.

These measures need not have the draconian quality of some of the German eugenic laws. They should be positive as well as negative; and there is no need for compulsion to ensure that favourable tendencies are encouraged, unfavourable ones mitigated. Among negative measures the free accessibility of the best methods of birth control to all classes is certainly the most important. Society cannot but benefit in the long run from family restriction by those of its members who do not wish for, and cannot adequately bring up, more than one or two children. The possibility of voluntary sterilisation, as the safest and by far the most convenient method, should not be neglected. But the importance of negative eugenic measures is small beside that of positive ones. Research into the reasons which lead parents to limit the number of their children is essential, and it is regrettable that the Population Investigation Committee has had to suspend its activities for the duration of the war. War itself will certainly prove a potent cause of family limitation, but we hope a temporary one. The economic factors tending to discourage families of more than one or two children are more permanent and more important; and it is here that a well thought out scheme of national economy would do much to reverse the present unfavourable tendencies, both in the gross birth-rate and in the adverse differential fertility. What is needed perhaps most of all is the propagation of an idea—that it is a duty for every man, as an individual, as a representative of his family, as a citizen of his country, and as a member of mankind, to secure the continuance of the happy, the healthy and the intelligent.

PNEUMONIA IN INFANCY

SOME say that when a child has an uncomplicated pneumonia all the doctor has to do is to prescribe a suitable sulphonamide preparation; and in children over two years the mortality was always so low that they may be right, though chemotherapy has yet to prove its worth in the pneumonias secondary to measles and influenza. But in infants the picture is not so rosy: in most hospitals their fatality-rate was between 30 and 40 per cent. before specific drugs became available. A symposium at the Massachusetts Medical Society last summer [1] affords a valuable summary of the present position.

F. C. McDONALD dealt first with non-specific measures, those that "conserve the energy of the patient, those that provide ample nutrition and those that seem to raise immunologic resistance to the invading organism." So successful have these methods alone been at the Boston Floating Hospital that the advent of chemotherapy found the mortality in infants under two years reduced from 30 per cent. in 1932 to nil in 1938 and 4 per cent. for the first four months of 1939. Dr. McDONALD's method is to give oxygen and sedatives liberally, and to ensure an adequate intake of fluids and food by efficient nursing. A cheap oxygen tent (locally devised) and the use of commercial oxygen have overcome the objection of the expense of lavish oxygen therapy. Except where breathing is made difficult by tenacious sputum, a pleural effusion or pharyngeal complications, he gives morphine freely, his dosage being gr. $\frac{1}{24}$ at 15 lb., gr. $\frac{1}{12}$ at 30 lb. and gr. $\frac{1}{6}$ at 75 lb. Even with the extra margin of safety provided by an oxygen tent, however, the use of morphine in this way requires great judgment. In addition to fluids, he insists on a generous intake of glucose and vitamin concentrates (A, B, C and D) and often gives a blood-transfusion at an early stage. Subsequent speakers had the difficult task of justifying specific measures in the light of Dr. McDONALD's excellent results without them. E. C. CURNEN discussed the value of specific rabbit serum for infections caused by type 14 pneumococcus, the type generally considered most commonly responsible for pneumonia during infancy and early childhood. CURNEN found this type of pneumococcus in the sputum of 104 out of 120 infants and children with pneumonia. Concentrated anti-pneumococcus type 14 rabbit serum was administered to 34 of these patients, including 22 under two years. All these survived, and all but 3 with complications or a mixed infection responded promptly to adequate doses. Since there may always be certain patients with pneumonia in whom chemotherapy fails—possibly because of the development of "fastness" on the part of the organism as reported by R. W. ROSS [2] in these columns—the benefits of serum therapy must not be forgotten. In this connexion a method of rapid typing of nasal cultures described by F. D. POOLE and M. D. FOUSEK [3] should be useful. This is based on the finding that in lobar pneumonia organisms of the same type as in the sputum can be obtained from the middle fossæ of the nose. The case for sulphapyridine was presented at Massachusetts by J. A. V. DAVIES of Harvard. There was only 1 death in 79 older children treated with the drug, and this was in a child moribund on admission with a massive empyema. Among 71 infants treated there were 5 deaths, none of which could be ascribed solely to the failure of chemotherapy. From New York comes a similar report with certain practical suggestions. C. H. SMITH and R. L. NEMIR [4] advocate giving sulphapyridine, crushed and mixed with cereal, apple sauce or fruit juice, shortly after a meal to minimise the chances of nausea or vomiting. They advise a dosage of gr. $1\frac{1}{2}$ per pound body weight on the first day, which is then reduced to half on subsequent days for older children though not for infants. They urge a shorter course of treatment than is usually given to children. Half

1. *New Eng. J. Med.* Nov. 9, 1939, pp. 721, 725 and 734.

2. *Lancet*, 1939, 1, 1207.
3. *J. Amer. med. Ass.* Nov. 18, 1939, p. 1854.
4. *Ibid*, p. 1857.

their patients only received the drug for two days, and three-quarters for not more than three days. With this programme there was only 1 death in 79 patients with lobar pneumonia (an infant with a pyopneumothorax) and only 1 patient developed an empyema. They also found that the physical signs and X-ray shadows began to clear at once after the early crisis provoked by chemotherapy.

With bronchopneumonia, however, they report failure, presumably because the bacteriology is variable—pneumococci may be absent and a filtrable virus may possibly be the ætiological agent. It is this possibility that must be remembered in treating the pneumonias complicating measles and influenza. Chemotherapy and serum achieve their effect by a specific action on a particular organism; general measures fortify the patient against the disease. Chemotherapy is a valuable weapon which the medical profession is still learning how to use, and it will be a tragedy if well-tried general measures are neglected because of the latest achievements of the chemist.

ANNOTATIONS

CAUSE OF DEATH IN DIPHTHERIA

WE are slowly progressing towards a more complete understanding of the events leading to death in severe cases of diphtheria. In 1929, two important pieces of evidence were put forward by Brockington[1] and Schwentker[2] to show that the fatal cases can be divided into two classes which are probably quite unrelated. In the first in which the onset is early the patients usually die within the first week, while in the second they do not go downhill until the second week and do not die until about the 18th day or even as late as the fourth week. Brockington thought that the early deaths are due to cardiac failure and that the later type bears a close resemblance to Addison's disease. It is unfortunate that this differentiation has not received wider recognition. It is the cause of the delayed or Addisonian form of which the ætiology is most in doubt. Is the circulatory failure—the cold extremities, restlessness and vomiting, with falling blood-pressure—due to damage to the myocardium or to dilatation of the peripheral vascular system? If to the latter, is the dilatation, due to damage to the medulla of the suprarenals with loss of adrenaline production, to damage to the suprarenal cortex with failure of eucortine production and resultant depression of the sympathetic system, or to loss of tone in the peripheral vessels? Plum[3] in Copenhagen has investigated the circulation of 15 children with severe diphtheria over periods up to one month, comparing his findings with those he obtained in preliminary work on metabolism and cardiac output in normal children. He found that the cardiac output and the arteriovenous oxygen difference were unimpaired. In his children there could be no doubt that damage to the myocardium could be excluded as the cause of the condition. He found a general lowering of temperature in the lower extremities which was accompanied by a decreased circulation in the skin capillaries as seen by capillary microscopy of the nail grooves, and he sums up by saying that "the findings suggest that an essential cause of the circulatory impairment in diphtheria is to be looked for in paralysis of the peripheral vascular system, especially the splanchnic blood-vessels."

Ashford,[4] of the department of physiology in Bristol, has studied the suprarenal glands of guinea-pigs rendered deeply toxæmic by injections of diphtheria toxin. He finds that the adrenaline content of the glands differs only slightly from that of normal guineapigs. These results leave no doubt that reduction of adrenaline output cannot be looked upon as the cause. On the other hand, Ashford found changes in the cortex of the suprarenals—a reduction in lipoid—which corroborated those of Cramer.[5] Thus the clinical condition closely resembling that of Addison's disease is similarly associated with damage to the cortex of the suprarenal, and just as cortical hormone products relieve the symptoms of Addison's disease, so they have been shown[6,7] to lessen the fatality-rate in severe cases of diphtheria, though unfortunately not with absolute uniformity.[8]

It therefore seems reasonably certain that this later fatal form results from paralysis of the peripheral vascular system, possibly due to damage to the cortex of the suprarenals causing depression of the sympathetic nervous system,[9,10] and that neither damage to the medulla with failure of adrenaline production nor damage to the muscle of the heart or peripheral vessels plays any great part in the ætiology.

TUBERCULOSIS AND THE BIRTH-RATE

THE slackening in the rate of decline of mortality from phthisis amongst young adults was not a product of the conditions of the last war. In England and Wales it was apparent at about the turn of the century, and according to the detailed study made by Payling Wright and D'Arcy Hart may have been related to a corresponding slackening in the rate of improvement in the standard of living. On the other hand, factors arising out of the last war probably led to the actual rise in mortality amongst young adult females that has attracted so much attention and called forth so many explanations. The latest of the explanations is made by Dr. Georg Wolff[11] of Johns Hopkins University. Since the sharp post-war rise in mortality has now disappeared he naturally finds it difficult to attribute it to such factors as the greater employment of women in industry, lack of proper clothing and feeding, the craze for slimming and the like, since most of these human habits are still with us. But a phenomenon that was nearly world-wide in the first few years after the war was the rise in the birth-rate. For instance, in England and Wales it rose from 17·7 per 1000 in 1918 to 25·5 in 1920; in Germany from 13·9 in 1917 to 25·9 in 1920; and in France from 9·4 in 1916 to 21·4 in 1920. It is possible, he suggests, that this transitory rise in the bearing of children added substantially to the risks run by the young adult females. At ages 15–30 mortality from phthisis is invariably higher in females than in males and this too may be the result of the maternal strains and stresses. Also those countries which show the greatest decline in the

1. Brockington, C. F., *Lancet*, 1931.
2. Schwentker, F. F., and Noel, W. W., *Bull. Johns Hopk. Hosp.* 1929, **45**, 276.
3. Plum, P., *Acta. med. scand.* 1939, **101**, 511.
4. Ashford, C. A., *J. exp. Path.* October 1939, p. 385.
5. Cramer, W., Fever, Heat Regulation, Climate and the Thyroid-Adrenal Apparatus, London, 1928.
6. Bamberger, P., and Wendt, L., *Klin. Wschr.* 1935, **14**, 846.
7. Bamberger, P., and Zell, W., *Z. Kinderheilk.* 1938, **58**, 306.
8. Dieckhoff, J., and Schuler, K., *Klin. Wschr.* 1938, **17**, 936.
9. Myers, G. N., *J. Pharmacol.* 1933, **49**, 483.
10. Secker, J., *J. Physiol.* 1938, **94**, 259.
11. *Amer. J. Hyg.* 1939, **30**, 63.

birth-rate tend to show the greatest decline in mortality from tuberculosis, an association to which economic factors are likely to contribute. Extra births often lower the family standard of living which tells especially upon the mother. From a national point of view we may regret the decline in the birth-rate to its present low point, but it must be admitted that it has probably been a factor of some importance in the trend of mortality from tuberculosis and from other diseases. The present task, Wolff urges, is to reduce the risks run by young women in their fears of generative and maternal activity, "this hardest time in a woman's life," by improvement of their external conditions—another argument to be added to the case for family allowances.

MELANOMA

PIGMENTED moles are far from simple things, and it is only a beginning to say that they are formed by an overgrowth of pigment-containing cells in nests within the epithelium and in larger masses in the dermis. An explanation of the non-pigmented polygonal or spheroidal cells, called nævus cells, is the real problem, though there is now strong evidence that they are melanoblasts and capable of extreme metaplasia. The diverse appearances of sections of the malignant tumour have also caused much pathological speculation. In gross, the picture may be carcinomatous or indistinguishable from a round or spindle-cell sarcoma. Anxious for a unitarian conception of melanoma, pathologists have tried to reconcile all the protean aspects with one or other of the types of new growth and by doing so have only confused the surgeon. It may be said, however, that Ewing's[1] belief in the epithelial character of these tumours is now widely held and a new survey of material from Edinburgh and Cambridge by Dawson and others[2] further confirms his opinion. These workers conclude that malignant melanoma in man is a carcinoma—an epithelial melanocarcinoma in the skin and a neuroectodermal carcinoma in the eye. On the other hand, there are a few careful descriptions of primary meningeal melanomata and it may be yet too early for a final verdict. To the question "When is a mole not a mole?" Prof. Grey Turner[3] answers that unexpected irritability, increase of size, thickening or bleeding are stern warnings of malignant change. If there is doubt, the excised tumour should be examined by a competent pathologist whose prime duty it is to say simply whether or not the tumour is malignant. If it is malignant the surgeon must face the problem of treatment. Grey Turner condemns both meddlesome interference with CO_2 or other irritants and half-hearted surgical measures. When first seen the patient's only complaint may be swollen lymph-nodes, but there is often the history of a primary pathognomonic lesion previously obliterated by an innocent house-surgeon. The main point to remember is, as Sampson Handley showed, that for a time at least and in most cases of melanoma, the spread is by the lymphatics. It follows that surgical treatment must be systematic. Grey Turner advises a thorough removal of the primary growth with a wide area of unaffected skin, subcutaneous tissue and deep fascia from the growth to the lymphatics. The whole of the tissue from the growth and including the highest glands should be removed en bloc. Tumours of the abdominal wall demand that both axillary and groin glands be dealt with on the corresponding side while in the limbs amputation is usually necessary. Despite adequate treatment there will remain a high proportion of malignant moles which will kill, since metastases are often present before advice is sought; there is, however, commonly a lull between primary and secondary involvement and it is this lull which may be whittled away in feckless, palliative gestures. Grey Turner quotes five instances in which the radical operation saved life; two of these were described in our columns by Hogarth Pringle.[4] Of Grey Turner's own patients one had a tumour of the inner side of the left thigh and is still well four years after a radical operation. The other had a malignant mole of the right hypothenar eminence with secondaries in the glands of the elbow and axilla, and is living a useful life four months after a complete Hogarth Pringle operation. These are among the few malignant melanomas that have been successfully treated. The common factor in cure was that the surgeons dealt with them as with any tumour spreading by the lymphatic route. Ewing's shrewd opinion that the histological data of melanoma are strongly but not decisively in favour of an epithelial origin while the theoretical considerations are all against it, should be remembered. But if the mortality in malignant moles is to be substantially reduced the surgeon must think of them and treat them as cancers.

CHEMOTHERAPY IN MOUTH INFECTIONS

ABUNDANT evidence has been produced in the past two years that the bacteriostatic action of a sulphonamide compound (in safe dosage) is exerted only after it has reached the blood and tissues and only in the presence of living leucocytes. As Prof. Alexander Fleming pointed out at a meeting of the Royal Society of Medicine, there is no reason why any material benefit should result from the external use of these compounds, for they have a weaker antibacterial action outside the body than the usual antiseptics. The "dramatic" results claimed by Sinclair and Barker[5] from the placing of fragmented or powdered sulphanilamide into "dry" tooth sockets can therefore only be ascribed to the ingestion and absorption of the drug into the blood-stream.

For this reason, the observations of Fickling and his associates[6] on the excretion of M. & B. 693 in the saliva are unlikely to be of therapeutic significance in mouth infections. Any effect the sulphonamide has will result not from the minute amounts of it in the saliva but from the presence of the compound in the blood that reaches the living tissues surrounding the focus. At the same meeting of the Royal Society of Medicine A. J. Cokkinis read a paper on the effects of sulphonamide compounds in gingivitis and other parodontal infections, based on a research carried out at St. Mary's Hospital with the object of discovering if these compounds had any action on *Streptococcus viridans* infections. Gingivitis and pyorrhœa were chosen as clinical material because they nearly always yield a rich growth of this organism, often in pure culture. After treating over 70 cases, Cokkinis concluded that sulphanilamide and sulphapyridine administered internally in moderate dosage produce a rapid and definite improvement in cases of marginal parodontal infection (gingivitis) when *Strep. viridans* is obtained in pure culture or mixed with hæmolytic streptococci. This improvement amounts to a clinical

1. Ewing, J., Neoplastic Diseases, London, 1928.
2. Dawson, E. K., Innes, J. R. M. and Harvey, W. F., *Edinb. med. J.* November, 1939, p. 669.
3. Transactions of the St. John's Hospital Dermatological Society, London, 1938–39, p. 93.
4. *Lancet*, 1937, 1, 508.
5. Sinclair, J. A., and Barker, O. C., *Amer. J. Orthodont.* 1938, 24, 266.
6. Fickling, B. W., Pincus, P., and Boyd-Cooper, B., *Lancet*, Dec. 23, 1939, p. 1310.

cure inasmuch as, in a week or so, the swelling, sponginess and congestion of the gum margin disappear, the pus discharge, fœtor, and tendency to bleed stop, and the gums appear to become quite normal. In acute cases fever and other constitutional symptoms of toxæmia clear up within 48 hours. The clinical improvement is accompanied by a corresponding change in the bacterial picture, cultures showing a decided diminution of growth. These results were obtained with M. & B. 693, in a dosage of 2–3 g. daily for from seven to fourteen days, and with sulphanilamide in a dosage of 3–4 g. for from fourteen to twenty-one days. Most cases relapsed both clinically and bacteriologically some weeks after the end of the chemotherapy. Cokkinis found, however, that by preceding and accompanying the chemotherapy by active immunisation (using a mixed stock or autogenous vaccine of parodontal streptococci) the clinical improvement was more prolonged and the tendency to relapse less. By giving repeated courses of chemotherapy and a full course of vaccine (six to eight weeks) several cases of marginal pyorrhœa were made well for from six months to a year after the end of treatment. Cases of advanced pyorrhœa, with parodontal pockets, periapical changes, pulp infection, loosening of the teeth, or marked retraction of the gum, responded only partly or not at all to this combination of chemotherapy and immunotherapy, and had to be referred back for odontological treatment. A number of cases of parodontal infection with the organisms of Vincent's angina showed no response to sulphonamide therapy.

Cokkinis's work shows clearly that unaided chemotherapy is unlikely to do more than produce a temporary improvement in cases of gum infection, and also that even when its action is enhanced by immunisation prolonged results can only be expected in the early stage of streptococcal pyorrhœa, when the infection has not yet seriously involved the periodontal membrane or the dental structures. An incidental benefit claimed by Cokkinis for sulphonamide compounds is that they can prevent or abort the post-extraction septicæmia caused by a "bacterial shower" liberated into the blood-stream after multiple extractions for parodontal infection.

THE SEX HORMONES IN OTOSCLEROSIS

FROM time to time it has been suggested that the causation of otosclerosis is connected in some way with the sexual organs. This supposition is based on certain peculiarities of the disease, especially its preponderance in females, that it often begins at puberty, and that it is very definitely made worse by each pregnancy. It is, at any rate, reasonable to try the effect of the administration of sex hormones. This has been done by Bernstien and Gillis in 56 cases, and their results are published in this issue. They obtained improvement of hearing in 31 of their 56 patients; of the total 18 were males, of whom only 7 were improved, as compared with 24 of the 38 females. The authors rightly say that their results are sufficiently good to encourage further investigation, but they will no doubt not be surprised if they are received with a considerable degree of caution. Many diverse methods have been advocated in the past for the treatment of this intractable condition, accompanied by encouraging case-reports, but they have sunk again into oblivion. Every otologist knows that sufferers from chronic deafness are pathetically anxious for improvement and inclined to believe that they hear better after treatment. It is therefore a pity that the audiometer was not used in this investigation, for the voice is not a sufficiently reliable method of testing results. It is to be hoped that others will give the method a stricter trial.

THE COMPLICATIONS OF HOSPITAL ADMISSION

"Hospitals' 'No' to Dying Man" made an arresting headline in a Manchester newspaper not long ago. A Salford doctor had notified the public health department of the borough of Stretford that a Stretford man of 63 was suffering from bronchopneumonia, that it was necessary to remove him to hospital, and that efforts to find hospital accommodation for him had failed. The doctor had visited the patient at 11.30 A.M. The chief clerk of the department, who received the message at about 2 P.M., undertook to do what he could to find a bed, but while he was thus engaged the doctor telephoned that he had succeeded in persuading the Manchester Royal Infirmary to admit his patient "as a special favour." The patient was admitted in the evening and died at 3.30 next morning.

No local authority is under a legal obligation to provide hospital accommodation unless it is a public-assistance authority, and here the county and not the borough council is responsible for providing hospital treatment for the destitute. Application for such treatment may be made to a relieving officer, a district medical officer, the medical superintendent or master of a public assistance institution, or the administrative medical officer of the responsible public assistance authority. None of these seem to have been approached by the doctor concerned.

The county council's Park Hospital at Davyhulme had been closed to civilian patients and alternative accommodation was being sought. The county medical officer of health was at this very time sending all medical practitioners a circular letter about the proposed arrangements. Until a temporary hospital was established in the new year it had been agreed that urgent cases should be admitted to other hospitals, admission being arranged by the county medical officer's department. It thus appears that the difficulties due to war-time improvisation were being met, but the arrangements made were not fully known to local doctors. There is an obligation upon every medical practitioner to make himself acquainted with the resources available for his patients. Lectures on such subjects are given to candidates for the D.P.H., and they might well be a part of the medical student's course on public health.

DARK ADAPTATION

SINCE the function of vitamin A, stated in the most general terms, is to safeguard the welfare of epithelia, it is not surprising that its lack should fall most severely on such a specialised structure as the eye. The occurrence of xeropthalmia in cases of great deficiency falls logically into line with this view, and even the experimental production of nerve degeneration occasions no surprise so long as we are merely generalising, since the nervous system is of ectodermal origin. There is a touch of irony in the discovery that vitamin A is a constituent of visual purple, the pigment of the rods of the retina, and that when this substance is broken down and bleached by the action of bright light its re-synthesis in the dark depends on a certain amount of fresh vitamin A being available. Nothing could be more precise in defining function than the detection of the vitamin in the act of chemical combination, but nothing could have less apparent relation to chemical events in the rest of the body than those concerned in vision. Nevertheless, there is no longer any doubt of the importance of vitamin A in this respect, for one of the functions of the rods is to

subserve twilight vision and impairment of this function has been correlated with A-deficiency.

The political upheaval of the last few months has made ability to see in the dark of more than academic interest. The blackout is with us for the duration, and already the appalling casualty list which it has brought in its wake is a problem of first-class importance. If a large part of the population were to become night-blind, the result might be serious indeed. There is, therefore, a case for ensuring that a wartime diet, apart from its general sufficiency, should contain an excess of vitamin A. In concluding their study on an earlier page of this issue Harris and Abbasy point out the difficulties of using their dark-adaptation test for A-deficiency as a routine procedure. Indeed, their investigation is principally a contribution to the solution of the question whether the correlation between A-deficiency and night-blindness, satisfactorily established for large groups, can be utilised at all for testing the individual. Quite recently Booher and Callison have again produced[1] dysadaptation in a group of volunteers and then used the adaptation test to determine the minimum requirement of vitamin A in the form of carotene. The topical interest of all this work centres round the figures, not unsupported by independent evidence, which suggest that a large proportion of the younger members of the population are in normal times defective in dark-adaptation. The moral is clearly that "a stitch in time saves nine," and it is important that this state of affairs should at least be prevented from becoming worse. The importance of school-children receiving an adequate quantity of milk is beyond dispute, and is referred to by Harris and Abbasy. The excellent propaganda now supplied to health authorities might well include advice on the kind of food to eat in order to ensure "seeing in the dark." This would appeal much more to the imagination of the public than the usual reasons given for eating vitamin-rich foods, and might have more general beneficial results.

LONDON VOLUNTARY HOSPITAL FINANCE

THE King's Fund has not found it easy this year to allocate grants fairly to the voluntary hospitals of London in accordance with their needs, owing to what the Duke of Kent described as "the state of dislocation" in their work during the last four months. All the hospitals have been affected, but in varying degree, and the fund has wisely decided to make its distribution in two parts. On Dec. 19 a total sum of £229,000 was distributed as the pre-war fraction of the grant, leaving the balance in a pool to be divided only after the hospital accounts have been made up early next year. Already grants amounting to £73,500 have been made for special purposes, enabling the new Westminster hospital to be opened free of debt, and the Golden Square and Central London throat hospitals to amalgamate to their mutual advantage. Nearly £5000 more has been given away this year than last and the further distribution in the spring will mean drawing on reserves—which is perhaps not so serious as it sounds because a large reversionary legacy has just become available. One valuable service of the fund came to a sudden end in September because the mechanism for swiftly finding casualty beds in peaceful London would have provided a nucleus for the colossal task of allocating civilian casualties in the event of war. The whole staff was in fact called up by the Ministry of Health for its casualty bureau scheme. Happily the service was reopened within a fortnight, and on an extended basis to include municipal hospitals. The council of the fund has been notably strengthened by the addition of Sir Frederick Menzies and the appointment to the management committee of Sir Bernard Docker who is now chairman of the British Hospitals Association.

TRANSPORT OF BLOOD BY AIR

THE *Times* lately drew attention to the fleet of aircraft that has been fitted up to carry blood for transfusion to army or civilian hospitals from the depôts. A wire crate containing ten bottles of blood is the unit for dispatch. Each bottle of blood has attached to it a tin box containing the sterilised equipment necessary for giving the blood. The insulated boxes for aeroplanes hold two crates, and each box, when loaded, weighs approximately 100 lb. The box, loaded with two crates, is kept in the refrigerator until just before dispatch. Thereupon an "insert," consisting of a block of ice contained in a tin box, is slipped into the lid of the box. This, combined with the Kapok insulating material with which the walls of the box are lined, ensures that the temperature inside the box will not rise more than 5° C. in 8 hours. Little structural alteration is required in aircraft used for transporting the insulated boxes. The boxes are merely strapped to the fuselage to prevent rolling when in flight. Otherwise, the load is limited only by the carrying power of the aeroplane and the manner in which the load can be distributed. Aircraft of the type used can carry five boxes of blood, that is, 100 pints.

TWO L.C.C. RETIREMENTS

THE public-health department of the London County Council is losing under the age-limit two well-tried and trusty servants. Dr. J. A. H. BRINCKER, who has for ten years been one of the Big Three, entered the council's service in 1905 and after varied experience became head in 1927 of the department for controlling communicable diseases. A year or two later the newly inaugurated pathological service also came under his control. As an acknowledged authority on infectious diseases, Dr. Brincker has been president of the epidemiological section R.S.M., of the fever hospitals group M.O.H.'s, and of the Medical Officers of Schools Association. His work on measles and convalescent treatment is well known, but it should also be recalled that he was an expert chemist, a brilliant teacher of public health, a pioneer in the design of new hospital buildings and an ingenious research worker, for it was he who showed how long a distance water can travel through fissures in chalk.

Dr. W. B. KNOBEL entered the council's service from Brompton Hospital and the development of the L.C.C. tuberculosis scheme showed the impress of his diligence and judgment. Since 1930 he has supervised supply and equipment for L.C.C. hospitals and lately has been largely occupied in preparing these hospitals to meet national emergency.

Both these officers will retire with the knowledge of work well done and of having secured the confidence of all who worked with them.

1. *J. Nutrit.* 1939, **18**, 459.

The council of Epsom College will shortly proceed to elect two or more St. Anne's scholars. Candidates must be fully nine years of age, and must be orphan daughters of medical men who have been in independent practice in England or Wales for not less than five years. The value of each scholarship is dependent upon the means of the applicant and the locality and fees of the school selected. Forms of application may be had from the secretary, Epsom College, Epsom, Surrey, and must be completed and returned by Jan. 20.

SPECIAL ARTICLES

PREVENTION OF VENEREAL DISEASE AFTER EXPOSURE TO INFECTION

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Advocacy by Metchnikoff and Roux (1906, 1907) of chemical prophylaxis followed closely their discovery of the transmissibility of syphilis to simia; but the protective value of mercury had already been recognised by operative "rubbers," whose defence may have been partly oblique. After experiments on chimpanzees, macaci, and a human subject a five-minute inunction with 33 per cent. calomel ointment was eventually recommended as an effective antidote if used at the site within eighteen hours after exposure, but subsequent experience of the method and knowledge of the rapidity with which treponemes may reach subjacent lymph-spaces reduce the period in which calomel inunction is to be regarded as a reliable procedure to perhaps an hour. So used the ointment protects only the limited area to which it is applied, infection being possible beyond its margins or extragenitally if exposure has been to generalised syphilis. Men find the method unpleasant, and there are obvious difficulties in applying it to women, to offset which douching with mercury perchloride or oxycyanide is sometimes added to the female course. In both men and women a preliminary washing of the parts with warm water and soap is advisable and indeed essential, for as Reasoner (1917) confirmed, ordinary soap is no mean contraluetic weapon. Properly used, the Metchnikoff method is undoubtedly efficient; there have been apparent successes many hours after exposure, but it has also been known to fail when improperly used or where deep needle stabs have been received during surgical operations, these accidents often demanding another form of insulation.

Levaditi found that, besides the metals commonly used in schematic treatment, antisyphilitic properties were possessed by gold, vanadium, antimony, tellurium, platinum, and, in a lesser degree, silver. Gold and bismuth appear to abort syphilis in rabbits, but bismuth has little immediate inhibitory effect in humans and is practically valueless when given orally or percutaneously. In the opinion of Stokes (1934) its use as a prophylactic is more likely to cloak an asymptomatic invasion of the body. Lenz (1923) recommended a 0·3 per cent. perchloride-of-mercury ointment for local application, favoured also by Neisser, and there have been various modifications and elaborations of the Metchnikoff formula, such as the addition of thymol, camphor, or menthol; revision of the vehicle; or the replacement of part of the calomel by other mercurial salts. For the hands many practical men prefer the ung. hydrargyri B.P., its definite colour enabling one to be sure that every part of the surface receives attention.

ARSENICALS AND SYPHILIS

An early suggestion that the arsphenamines might be of use for aborting syphilis is credited to Neisser, but they appear not to have been used for this purpose until 1917 or 1918, a number of articles recommending and opposing the practice appearing in the following year.

Some of the earlier experiments were performed in France, where Lemaitre (1919), among others, was impressed by the results. Fournier and Guenot (1919) administered arsphenamine to forty women not previously diseased, who had been exposed by men with lesions proved infectious by dark-field examination, a total dosage of 1·0–1·2 g. of salvarsan or substitute being fully effective. Five other women similarly placed refused treatment and subsequently developed syphilis. In Germany Taege (1919) advised giving three doses of neoarsphenamine during twenty-four hours, but Riecke (1919) contended that treatment should be withheld until the appearance of a primary lesion. In England Magian (1919) was successful in preventing the development of syphilis by administering 0·6 g. of arsphenamine an hour after experimental human inoculation, and reported uniformly satisfactory results with thirty-one other persons whose exposure was reasonably certain. Among other favourable reports, often based on small numbers, may be mentioned those by Lacapère and Laurent (1919), Michel and Goodman (1920), Heden (1922), Hecht (1923), Simon (1924) and Rostenberg (1924).

There are also those who believe with Riecke that treatment should be withheld until the appearance of initial symptoms and an intensive course then given, the fear being expressed that the injections may prevent the local cell reaction and promote a wistful optimism without eliminating the disease. This possibility is emphasised by Harrison (1931), who diagnosed syphilis in patients thought to have been protected. Many others consider that abortive treatment should not be attempted later than three days after exposure, after which it should approximate to the systematic form, as advised by Kolmer (1926). Brown and Pearce (1913) found that rabbits inoculated intratestically and scrotally might show spirochætes in neighbouring glands in forty-eight hours, and later experiments with laboratory animals reduce this period materially; but it is doubtful if there is any close analogy between results with experimentally inoculated animals and the progress of human infection. The occasional failure of prophylaxis is evidently to be allowed for, especially when its start is unduly delayed; but this in no way detracts from its general usefulness.

The basic difficulty in assessing the value of antiluetic measures is the absence of dependable criteria of cure. Every clinician who has to deal with elderly people has met the septuagenarian who undoubtedly acquired syphilis when a youth, took "pills" for two or three months, subsequently married, and is now completing a happy and uneventful marital experience surrounded by shoals of grandchildren devoid of stigmata, having achieved either a biologic or a splendidly efficient and enduring static cure. From the days of *sterilisatio magna* other individuals seem to have maintained normal health, so far as syphilis is concerned, after receiving 2 g. or less of original salvarsan, which may or may not mean that the infection was eradicated. Stokes (1934) regards prophylaxis as of great value when restricted to known or presumptive exposures within two or three days; but, in respect of generalised syphilis, he expresses what is doubtless the majority view in saying that it is stasis rather than wholesale and complete destruction of the spirochætes which constitutes the best we can hope to attain at present in the treatment of syphilis in man.

Some years ago I urged more frequent use of prophylactic treatment for contacts, for, while the field is admittedly limited, advantage is taken of the opportunities presented less often than might be (Spence 1927). In a little over twenty years I have

given prophylactic injections to a hundred people whose exposure to the disease seemed beyond reasonable doubt, and with few exceptions they have remained under observation for at least three months, continuing symptom-free, clinically and serologically. Over a score have returned for review years afterwards, among them the man who was the first to receive such treatment from me.

In the summer of 1918 a medical officer brought me two young soldiers who within twenty-four hours had had sexual relations with a woman subsequently arrested and found to have open and infectious genital lesions. From a French officer I had learnt of the apparently successful outcome of prophylactic injections of arsphenamine and neoarsphenamine, and with some misgivings I administered to each man intravenously 0·3 g. of neoarsphenamine, followed the next morning by 0·6 g. On the second visit they brought a third soldier exposed to infection by the same harpy a day earlier, and he received one dose of 0·9 g. Three months later these men remained symptomless. In 1929 one of them called on me during a visit to London and underwent serum and fluid tests, which proved negative. He had married in 1920, and two boys born in succeeding years were apparently in normal health, and according to a recent letter they have remained so.

Most of these patients have been seen within a day or two after coition, but two, known to have been in contact with infectious sores through sexual congress, were protected on the fifth day and another on the sixth, the evidence of exposure in the last being less conclusive but sufficiently convincing. For some years it was my practice to rely on a single intravenous injection of 0·6 g. of arsphenamine or 0·6–0·9 g. of neoarsphenamine, but more recently I have been giving an adult of average weight a total dosage of 1·8 g. of neoarsphenamine divided between three sessions, on the first, second, and fourth days. The increase in dosage came about not from any experience of failure with the smaller amount but through uneasiness engendered by reading a series of lugubrious prognostications current at the time, which left me with the feeling that in using the smaller weight I might be sending a boy on a man's errand. Blood is withdrawn for Wassermann or Kahn test before any treatment is given and again after seven weeks have elapsed, a negative result being confirmed after three months, although symptoms are reported absent. The first and the third tests are the important ones.

Stovarsol and its sodium salt have received some notice as prophylactics, chiefly from French sources, but the pentavalent arsenicals seem better adapted to the chronic disease. Stovarsol is taken by mouth, the prescribed dose being 1 g. daily before breakfast, five days' treatment alternating with an equal period of rest. I have not tried stovarsol for preventive purposes; it is by no means atoxic and apparently has little to commend it where the arsphenamines are available.

GONORRHŒA

There is never a dearth of new remedies for gonorrhœa, recent interest having centred on the sulphonamides. About a quarter of all gonorrhœas are untouched by this group, failure being commonest in the acute disease; but, when sulphonamides are used in the declining or chronic stages as an adjunct to local treatment, purulent discharge may be arrested very quickly, the response being best where the constitutional reaction is most severe. Whether the result is cure or asymptomatic gonorrhœa remains to be proved, for relapse is uncomfortably frequent, and it is tolerably clear that the influence of sulphonamides is felt less by the gonococcus than by its "camp-followers." Gonorrhœa begins as a pure infection, and internal remedies are of negligible importance in its prevention, local measures, when well applied, being exceedingly efficient and free from the unpleasant and somewhat incalculable systemic effects associated with the newer synthetics.

In this country irrigation with potassium permanganate is often recommended for aborting gonorrhœa, but I have found it disappointing. Like many other familiar crystalloids, potassium permanganate is rather irritating and while this is not its only fault it is an important one in prophylaxis. The same criticism applies to the commercial creams and ointments which contain a little of something for everything. The local agent selected should be bland, non-astringent, a reliable destroyer of gonococci, unaffected or little affected by chlorides, and utilisable in effective concentration. This virtually restricts the choice to the dyes and colloids, with some bias in favour of the latter, the mild silver protein (25 per cent.) or Neoprotosil (35 per cent.) being probably as good as any. Procedure should be systematic; my plan with a colloid follows.

Treatment in men is begun by requiring the bladder to be emptied to ensure that the urethral surface will then be undisturbed for two or three hours at least. The externals are next washed with warm water and soap, followed by 20-vol. peroxide of hydrogen, the chosen antiseptic being finally injected from a graduated all-glass blunt-nosed syringe. At the first session 2 c.cm. of the solution should be retained in the urethra for five minutes. About eight hours later 5 c.cm. is used, and after a further interval of sixteen hours 15 c.cm. Part of the last injection will enter the posterior urethra and very possibly a few drops of the preceding one, but the first injection is meant for the anterior urethra alone and should be prevented from going back by compression at the penoscrotal junction. To protect the clothing a generous dressing is applied after each treatment, after the parts have been lightly dusted with the stronger compound calomel powder. Since they have already been cleansed with soap and peroxide, a field is left unfavourable for the development of bacteria, including Ducrey's bacillus.

Three treatments may be regarded as the minimal number required, if consistently good results are to be attained. If premonitory symptoms of infection are already present, injection A should be used twice on the first day, with an eight-hour interval, and injection B twice on the second, injection C being reserved for the third, fourth, and possibly the fifth or sixth day.

Gonococcal strains seem to differ in virulence, unless the reactivity of the host is the variable factor; and from their manner of development and structure gonococcal infections may be roughly divided into two classes. In one the onset is stormy, with early discharge and symptoms of increasing inflammation; in the other the disease develops quietly at first in localised glands, this type often proving more troublesome. Colloids have principally a surface effect, and the ability of dyes to penetrate living tissues is nothing remarkable; but three treatments will usually clear up all foci, unless attention has been tardy, when the longer course is better.

Some may question the advisability of violating the posterior urethra at all. With a comparatively feeble antiseptic it would undoubtedly be risky; but it must be remembered that the colloid is retained without discomfort, is neither a true nor a false astringent, and is sufficiently active to destroy germs "pushed back" as well as any already there. It must not be overlooked that the client may already have been trying some remedy of his own. Suitably

adapted, the same course is applicable to the female, mopping with lysol solution preceding the dye or colloid, and special attention being given to the cervix, urethra, and vulvar orifice. As an additional precaution a pessary of iodine vasoliment may be prescribed for insertion at night.

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MEDICINE AND THE LAW

Illness and Wages

LEGAL decisions on the right to wages during sickness were rounded off by the Court of Appeal in Hancock *v.* B.S.A. Tools Ltd. A workman described as a radial driller was employed on piece work and was paid by the hour. He had worked for the company for eight months and had twice been absent for periods of 20 or 30 days. Relying, it appears, on the not too conclusive judgment of Lord Justice Scott in Marrison *v.* Bell, he claimed that his right to wages did not cease when he was absent through sickness unless his contract contained an express term to that effect. His employers answered that he was an hourly-rate workman, paid by the custom of the trade for those hours only which he actually worked. The Court of Appeal agreed and the claim failed.

As this controversy is not without its effect on industrial health, the decisions may now be briefly summarised. At common law (i.e., apart from statutory complications) a man's illness and inability to work do not suspend his weekly wages while the contract is in force (Cuckson *v.* Stones 1858, where the contract contained no right to deduct from the weekly sum for periods of illness and the court refused to distinguish between periods lasting a day, a week or a month, provided that the contract was still in force.) If the workman has signed rules implying that his right to wages is suspended while he is receiving sick benefit from the company's friendly society, the common-law rule does not apply; the deduction is justified by the terms which he has accepted (Niblett *v.* Midland Railway 1907). The receipt of a sum under the Workmen's Compensation Acts will bar the workman's right to full weekly wages (Elliott *v.* Liggens 1902). But the receipt of sick benefit under the National Health Insurance Acts does not bar the workman's right to full wages while the contract continues, because the benefit is not related to, or determined by, the rate of wages (Marrison *v.* Bell 1939). In a case where the employers notified their men that sick workers would receive 21 days' half-pay in any one calendar year as an act of grace, a workman who, knowing of this arrangement and accepting half-pay accordingly for certain periods of absence due to illness, nevertheless sued for his full pay without deductions, was held bound by the notified limitation (Petrie *v.* MacFisheries Ltd. 1939).

Hancock's case now shows that the law recognises the fact that casual labourers are in certain well-known instances (such as agriculture or the building trade) engaged on the understanding of "No work, no pay," the work done being the consideration for the money paid. Outside these cases of industrial employment there are, of course, other legal impacts of illness upon the contract itself—as in Poussard *v.* Spiers (1876), where an opera singer was engaged to perform in a new opera on the four opening nights. She fell ill and the courts held that her illness went to the root of the whole contract; those who engaged her could decline to have someone whose sickness made it impossible for her to do the appointed task properly. So also a lecturer, or an author who undertakes to write a book, can plead illness as a valid legal excuse, though he ought to give notice of his disability as promptly as he reasonably can.

Yellow Fever and Workmen's Compensation

It hardly needed a fresh decision by the House of Lords to declare that, if a workman is exposed by reason of his employment to the risk of infection by disease-bearing bacteria, there is no difficulty in concluding that the resultant disease was due to an accident arising out of his employment. In Dover Navigation Co. *v.* Craig a ship visited ports and rivers in West Africa; there were many cases of serious illness among the crew; 7 out of 24 seamen died. Craig was one of these. On his mother's application the county court held that his death was due to malaria or yellow fever or perhaps both—probably yellow fever accompanied by malaria. Contaminated food or bad water was not proved to have had any part in causing or accelerating death. The county court judge ruled that the applicant had not proved that the accident arose out of the employment. The Court of Appeal reversed him. If Craig was ordered to go with his ship into a place which the trial judge had found to be a place of peril, a place infested with mosquitoes from which Craig contracted yellow fever and died, then the applicant had discharged the burden of proof and was entitled to the award of compensation. The House of Lords agrees. The fact that the risk was common to all mankind did not prove that the accident did not arise out of the employment. Nor could it be held that death or injury arising from the forces of nature—for instance, earthquake or lightning—was not an accident arising out of the employment merely because the forces of nature had caused it. The applicant in these cases can succeed by showing that the workman was specially exposed to such a force by reason of his employment.

Not every illness or disease contracted by a workman in the course of his employment, said Lord Maugham, is an accident arising out of his employment. Here this ship was one of the most dangerous places in the world at a time when the officers and crew were liable to be bitten by mosquitoes which had already bitten human beings suffering from yellow fever. It was irrelevant, Lord Maugham considered, that the risk was common to all people in the same area. It was sufficient that Craig was specially exposed to that risk by reason of his employment. There was evidence of sufficient casual relation to connect Craig's fatal illness with the course of his employment; it was immaterial that other persons, whether voluntarily or otherwise, ran the same risk. What was true of the force of nature was true of pathogenic bacteria.

. . . . IN ENGLAND—NOW

(FROM OUR PERIPATETIC CORRESPONDENTS)

EVER since the crisis in September last year, when trenches were dug under the shade of the old trees, the clouds of war seem to have hovered over the quiet fields of Lincoln's Inn. At that anxious time certain precautions were put in hand to safeguard the Royal College of Surgeons and its priceless contents. Many of the historic pictures were taken down from the walls and transported to a safe place in the country, and the relics of famous surgeons removed and stored away. During the first half of this year routine work went on as usual, but at the outbreak of war all the college activities had to be suspended. The conservator and the pathological curator at once left London to set up an Army blood-transfusion service in the country, taking with them the greater part of the scientific staff. The study of blood-transfusion had been under intensive investigation in the laboratories of the college for some months, and the pathological curator had been largely occupied with the conservator in devising a simple blood-transfusion apparatus suitable for use in war. This apparatus was finally evolved after considerable experiments and is both inexpensive and capable of ready production in large quantities. Its design has been adopted by H.M. Forces and approved, in a slightly modified form, for civilian use by the Medical Research Council.

In November, 1938, the director general of the Army Medical Service accepted the offer of the research department to form a surgical research unit with the British Expeditionary Force in the event of war, and this unit is now on active service. Last January it became obvious to those engaged in the study of blood-transfusion that much experimental work had to be done before stored blood could be transported in large quantities from a central organisation to medical units in the field. While this work was being done, research was also being carried on at the Middlesex Hospital on the effect of various anticoagulant fluids on the properties of the blood. A new and simpler apparatus was then gradually evolved and it became possible to manufacture the parts almost entirely by automatic machinery in various factories, and simplicity of design was followed by reduction in the cost.

During February, steps were taken to accumulate a supply of blood-grouping serum sufficient to group 250,000 blood-donors. Territorial units in London were visited to obtain volunteers for blood-donors and at the end of a fortnight over 3000 men responded and had been grouped. From this number 180 were selected as being of the proper blood-groups, and from 60 of these a pool of 12 litres of grouping serum became available early in March.

The later phases of the development of the Army blood-transfusion and surgical research service, so closely linked with the college, resulted in the formation of two units, one at home, the Army Blood Supply Depôt, and one for service with the British Expeditionary Force, the Blood Transfusion and Surgical Research Laboratory. The objects of the unit are the supply of blood to the overseas force by the distribution of blood obtained from donors at home to medical units in the field, and also experimental work on such problems as wound infections and shock.

In the great building in Lincoln's Inn Fields, before the outbreak of war, gas and splinter-proof shelters had been erected in the basement and most of the valuable Hunterian and other specimens had been transferred to the sub-basement. The roof of the sub-basement passages had previously been strengthened to withstand bombs. Most of the marble busts of former great surgeons have been removed, although the spirit of John Hunter, symbolised in the famous marble statue by H. Weekes, R.A., still remains in room 2, in solitary contemplation of the deserted galleries. The precious manuscripts and rare early printed books in the library have also been packed and placed in safety, together with the historical relics and most of the rare old instruments from the great collection in the instrument room.

The anatomical tables in rooms 1 and 2 have been cleared and stored in the adjacent wall-cases to prevent them from being damaged in any way. From the outside, the college looks as if it was in a state of siege and it is now a local sub-station of the L.C.C. fire service. All the lower windows have been sandbagged, fire engines are parked in the courtyard and a resident fire service contingent is accommodated in the storerooms in the basement. The research laboratories have been closed for the duration of the war. Since Nov. 6, however, rooms 1, 2 and 3 (anatomy and pathology) have been opened for study to qualified men and women and registered medical students. The museum and the library are still open from 10 A.M. till dusk on weekdays and 10 A.M. till midday on Saturdays.

* * *

The Middlesex Hospital made its final preparations for war on Sept. 1. All the morning improvised ambulances took away our patients until by midday the hospital was an empty echoing shell. We spent the afternoon moving the theatre equipment down to lower and safer floors and plastering the windows with Cellophane. Then a few of us set out for the advanced base hospital forty miles away where we expected to stay for the rest of the war. We arrived there at 11 P.M. to find that because of a slip up at headquarters there were no billets going, so we spent the night in a ward next to some dying patients. The main thing that struck us in the next few days was the difference in the attitude of the patients. In London they all make a friend of and take a pride in their particular student. Here they first treated us with a distant respect as doctors, and then, when they found out that we were not yet qualified, with an obvious resentment. However, we survived.

The doctors normally on the staff of the hospital rallied round and gave us an excellent series of lectures and invited us to attend their outpatients. There we saw some everyday cases which never seem to get to outpatients in London and are hardly mentioned in the textbooks. Our new chiefs, too, seemed more human than the great pundits in London, and altogether we felt we were seeing another side of medicine which was nearer to what we should have to cope with in general practice. But I suppose we are missing a certain essential part of our training—the specialised and concentrated lectures by experts that are needed for our finals. Many of us also wonder why midwifery and gynæcology are being treated so casually: we now do one month instead of six. We have done our best to revive all the old institutions we had in London. We now have a medical society which meets once a fortnight; cases are shown, papers read, and we have even been the guests of the local mental hospital at a soirée. Everyone enjoys life in the country—for a change at any rate—and as long as we don't think too much about what we may be asked in the M.B. next year we have no complaints against the decentralisation of medicine.

WHITAKER'S ALMANACK.—A good deal lies between "A.A., The" and "Zyrian" in the index of this year's almanack. (London: J. Whitaker and Sons. 1939. Pp. 1136. 7*s*.) The war has been accepted as part of the fabric of our daily lives, and the air-raid warden may calculate blackout time for his particular district from the appropriate tables, while in the post-office section we find directions for sending letters and parcels to H.M. Forces. These must be discouraging times for compilers of books of reference, when the old order is always being so rudely jostled by the new. But Whitaker has done his best and though he has not yet inserted F.R.C.O.G. in the useful list of abbreviations, he has included the names of the two new Finnish cabinets. It will not be his fault if the book is sadly in need of revision before the 1941 edition appears.

GRAINS AND SCRUPLES

Under this heading appear week by week the unfettered thoughts of doctors in various occupations. Each contributor is responsible for the section for a month; his name can be seen later in the half-yearly index

FROM A NORTH-COUNTRY PRACTITIONER

V

My admiration goes out to those who run efficient nursing-homes—efficient, I mean, from the point of view of the patient and the doctor. The patient is always right and often does not know what he wants except to go home cured and the sooner the better. Nurses are hard to come by and when secured are not always satisfactory; cooks and maids are equally essential and just as hard to find. A stream of physicians and surgeons pours in at all hours of the day and each feels neglected if the matron or sister is not waiting to accompany him. Last but by no means least there are relations and friends to handle. The vagaries of patients are manifold—those who invariably want bed-pans whilst meals are being served, those who have lost their flowers, those whose beds are too short or too high or too hard, those whose food is not quite what they had at home, those whose aperient is quite different from that of any other patient. There are even those who attempt suicide. All of them when they arrive are afraid, whether they show it or not. A strong healthy patient suffering from hæmorrhoids wrote, "Do you know what it feels like to sit in the condemned cell? I went into the home at 6 P.M. and was given a dose of castor oil. At 7.45 a nurse came and said it was time I was getting into bed. Then I said to myself, 'By God, if they get my trousers I'm done,' so I crept out and came home." It isn't only the patient who is always right but the doctor also. Incidentally, has the moral effect on physicians and surgeons of being God Almighty from the time they leave home in the morning until they return there at night, ever been seriously considered? The growing omnipotence of those who get no suitable corrective when they do go home is obvious. Every consultant should go down on his bended knees and pray for a wife who will administer it. Priestley says that a loving wife will do anything for her husband except stop criticising and trying to improve him. When one has seen a theatre or ward staff reduced to tears following an alarming outburst of temper by the surgeon, one begins to feel that self-control as much as asepsis should be amongst the unwritten laws of surgery. Is it surprising therefore that we know of no nursing-homes of which we have not heard bitter complaints from either patients or doctors? Patients feel they are entitled to a very great deal for ten or twelve guineas a week. What matrons of such places feel they are entitled to I do not know. But I doubt if they get it. This makes me wonder whether as a profession we are not relatively overpaid. Where else can a young man of twenty-three or twenty-five be sure of earning £500 a year? Admittedly we work long hours, are always on call, and suffer innumerable vexations. (I have just been informed by 'phone that Mrs. Jones is alleged to be talking to herself. Inquiry elicited the fact that she has been doing it for a week. A purely rhetorical question as to whether that is a good reason for ringing up at 5 P.M. on Sunday is met with apologies, but the desire for my services is in no whit abated.) En masse compared with others I imagine we come out very well financially. Possibly we earn it but I foresee a time when in the general levelling up we shall have to be content with less. This will automatically solve the problem of overcrowding in medical schools. In the process I fear surgeons will come first. Some countries I am told already have a standard tariff for various operations and a low one at that. Foreign doctors are astonished at how little time we put in at our hospitals compared with what they do. Even laymen are beginning to feel that it is inequitable that they should pay the same fee for the removal of a simple interval appendix as for the removal of half a cerebral hemisphere. Admittedly laymen know nothing about it and feel that it is inequitable that they should not only have the misfortune to be ill, but also have to pay for it.

> "God and the doctor we alike adore
> But only when in danger, not before.
> The danger over, both are alike requited,
> God is forgotten and the doctor slighted."

* * *

"No man is a good physician who has never been ill." This does not mean that all physicians who have been ill are good, but it is instructive to have tried it on oneself, instead of on somebody else or the dog. Being a patient alters one's point of view on many things. It is rather like looking through the other end of a telescope. The enlarged view, with well-defined lines and colours are no more; instead there is a small image, apparently growing so small that it is ill-defined and colourless. That broad view, precise knowledge, cheerful word of hope, tactful admonition, and promise of early relief with the aid of potent drugs, which one hopes one has carried to many a bedside cannot be self-applied and no longer exists. In its place there has appeared a limited outlook, almost complete introversion, and a selfish self-centred being, utterly occupied with pains and discomforts, without energy or volition and only anxious to be left alone. When this solitude has been achieved, it becomes outrageous that there should be nobody there. To-morrow seems an eternity away. "How long, O Lord, how long?" assumes a fresh significance. One looks forward to the visits of one's chosen advisers, but when progress is unutterably slow, it is difficult to avoid wondering if they know what they are at, and easy to remember that prognosis is the least satisfactory part of medicine. One finds that certain nurses irritate one quite unreasonably, carefully prepared food tastes all the same, the routine of washing, bedmaking and sweeping out the room is an affront, and medicine taking a minor but added imposition. Outside affairs do not appear to percolate into consciousness, and if they happen to do so they do not matter. After such an experience it is easier to understand how ailing mothers go on for years demanding the complete attention of daughters who have never had an opportunity to live. It is easier to understand but no less difficult to forgive the daughters for allowing such a state of affairs to exist. Great expectations may have something to do with it as was the case with a patient with countless nieces and nephews. To each in turn he explained privately, "You will be all right when anything happens to me." He received prolonged and constant attention from them all but left his money elsewhere. It was in

keeping that the same man, found wearing his wife's nightdress a week after her death, explained that she always had better clothes than he had. One realises why it is given to so few to illuminate their own sickroom. From that point of view mine was a complete blackout.

"Complete investigation" assumes a new meaning when one has endured it and "active treatment" is a revelation. X rays and so forth are comparatively innocuous; dental extractions are as unpleasant as previous experience has taught one; and a gastric analysis what one's observation would have led one to anticipate. The villain of the piece is the hollow needle. It seems incredible now that accurate diagnoses were once made and tolerably efficient treatment given without its aid. Needles of all sizes find their way here, there, and everywhere, taking things out and putting things in. Suffice it to say that from the patient's point of view some are worse than others. That is all. The use of this instrument has now become so much a matter of routine that we never even stop to consider its effects. But in future, when eager young house-physicians in the provincial hospital to which I am attached, ache to do lumbar, sternal, ventricular, and other punctures on patients in my beds, they will suffer partial frustration.

PARLIAMENTARY INTELLIGENCE

ON THE FLOOR OF THE HOUSE

By MEDICUS, M.P.

THE House met on Thursday, Dec. 14, at noon to take an hour's questions, the report on the war and international situation from the Prime Minister, a discussion on milk prices and agricultural policy, and the motion for the Christmas adjournment. The House is adjourned until Jan. 16, always of course nowadays with the possibility of recall in case of need. And it is a very good thing the House is adjourned, because members need a rest and need, too, the opportunity to get into close touch with their constituents. The Prime Minister's statement dealt with Finland, the Russian invasion, and the situation at the League of Nations, which the next day expelled the Soviet Union. To this scrupulously fair account of what may eventually prove to be one of the very significant happenings in this continuation of the World War of 1914–18 he added a short appreciation of the King's visit to France and a statement on the taking over of a section of the Maginot line by British troops. These British troops are under the command of a senior French formation commander, but the British commander has himself certain French troops under his command. The interrelation between French and British armies and between French and British national policies, as witness the financial agreement, is closer than at any previous time. This very close relation extends not only to the metropolitan countries of the two Empires but to all their colonies and dependencies.

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At the time of Mr. Chamberlain's statement only the first reports of the action of the cruisers *Ajax*, *Exeter* and *Achilles* against the pocket battleship *Graf Spee* were available. The whole House joined in a tribute to this gallant action. Since then the whole world has heard the story, one of the greatest in British naval history. As if this were not enough, the Prime Minister's statement summarised our relations with the Dominions and India, took note of the proposed early dispatch of troops from Australia and New Zealand for service overseas, and spoke of measures taken in the Dominions and Colonies to increase the output of raw materials such as foodstuffs, copper, tin and rubber.

Speaking of the Home Front, the restrictions and regulations, the blackout, the problems of evacuation and the possibility that we may at any time be subjected to air-raids, Mr. Chamberlain ended up by giving a Christmas message for war-time. "Yet for us in this country the message of Christmas is not, in truth, a tragic contrast, but a reminder that we are fighting to defend principles and ideals which for 2,000 years have inspired the minds of men and lifted up their hearts."

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After this world survey, for which the House was full, attention was turned to milk and agricultural policy, and their relation to nutrition, for which the House was very thin. But the announcements made in this latter discussion may well prove to be decisive, for they indicate a change of policy on the Home Front of the greatest importance. For some days the House had been uneasily aware that a rise in the price of milk to the consumer was under consideration by the Milk Marketing Board. Prices of animal feeding-stuffs have gone up and farmers allege that quality has gone down with something like a 25 per cent. fall in the yield of milk from dairy herds. There were rumours, too, of the slaughtering of dairy stock to take advantage of the uncontrolled market for cow beef. The importance of milk in the scheme of national nutrition is better understood now than ever before and the prospect of a higher price for milk at a time when butter rationing is to be introduced was realised as a national danger, particularly as far as the nutrition of children is concerned. For a rise in price means a fall in consumption, especially in poor families.

Mr. Tom Williams, the miner member for the Don Valley who has made himself an authority on agriculture, raised the matter, but Mr. Morrison in reply was able to state that although the Government thought that an increase in price to the farmers was justified they preferred to meet this by a "temporary grant" to the Milk Marketing Board to raise producers' prices by 3*d.* a gallon in January and February, and 2½*d.* a gallon in March, above those realised in the corresponding months of 1939. Whether this form of payment is good finance may be questioned, but it does mean that this essential food is being subsidised from the point of view of the consumers—largely children—rather than from the point of view of the producers. The payment is described as "temporary," but it is quite clear that any future attempt to raise milk prices to the consumer for the benefit of the producer will be met by a demand to keep the milk price stable. And, indeed, the demand may be made that this new principle should be applied to other staple foods, if there is a danger of the price level soaring to heights which will restrict consumption, as a rise in milk prices would certainly do, to a nutritionally low level.

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The logical step with liquid milk production is to make it a national service, and this consumers' subsidy is a step in that direction. Another step in this direction, but applying to all foods and indeed all

necessities of life, is the proposed adoption of the family allowances principle as advocated by Miss Rathbone and Mr. L. S. Amery.

During the milk debate the case for the raising of national nutrition to the optimum level proposed in the report of the technical commission of the League of Nations called "Report on the physiological bases of nutrition" was raised and strongly urged. This report is signed by eminent authorities representing Austria, the United Kingdom (Prof. Cathcart, Prof. Mellanby and Sir John Orr), France, Italy, Scandinavia, the U.S.S.R. and the United States of America.

Present consumption of milk in this country is low in any case, and has recently fallen owing to the dislocation caused by evacuation and the mobilisation of the armed forces. To bring milk consumption up to 1000 grammes daily—nearly 2 pints—would need not only the use of all milk now produced in this country but a greater production still. And this brings the problem up against the question of feeding-stuffs for dairy herds and the prospect of having to change our agricultural policy in this country to do it. Controlled shipping has already caused a restriction in the import of maize and of other animal feeding-stuff, on which it has become the habit of this country to rely for many years past for the larger part of animal feeding. If we are to maintain the level of present animal production, and especially of milk production, this means a radical change in farming methods. As Sir Reginald Dorman-Smith said, we imported last year some 7,500,000 tons of animal feeding-stuffs, and while the Government policy is to allow as much latitude as possible in cropping, "farmers who are primarily concerned, either in milk or livestock, especially in milk, should themselves try to make themselves *more self-sufficient in food for their stock.*" The italics are mine, for the announcement deserves emphasis.

Combine this statement with the Government's announced policy of encouraging the growing of food in back gardens and allotments: it means a swing-over towards agricultural self-sufficiency on a nation-wide scale. The dairy farmer is in fact asked to grow the barley, oats and horse-beans which will replace the formerly imported foodstuffs. The chicken farmer is asked to feed his poultry off his own land as far as possible and the non-chicken farmer to increase his head of stock.

In this campaign the Minister of Agriculture is asking for the ploughing up of 2,000,000 acres for a change in the system of farming and to help with this we are promised "a moderate and controlled" increase of prices. The Minister further promises greater security for the farmer and a rise in wages and greater security for the farm worker. Financial assistance is offered through county agricultural committees to enable derelict or semiderelict land to be cultivated, and details on all these matters will be given to the House after the recess. Finally, the Minister said that when the 2,000,000-acre ploughing scheme was complete we may, "in the event of the war continuing," have to start another scheme for ploughing up.

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What emerges from this debate and those previous debates in which similar matters have been raised, is that the Government is having more and more to consider civilian food supply and nutrition with just as much care and attention as munitions of war and man-power for the fighting services. In the background of our minds is the experience of the first instalment of the war in 1914–18, when there were such grave results of under-feeding and deficient feeding over large areas of Europe and Asia—and we remember the pan-epidemic that swept the world in 1918. And because of the realisation by so many millions of people, for the first time perhaps, of the importance of production from our own land there will be a different relation between town and country in the future. To which it happens that the experiences of evacuees, so many of whom are remaining in the country, will add a large body of personal experience.

NEW ZEALAND

(FROM OUR OWN CORRESPONDENT)

MATERNITY BENEFITS

AGREEMENT between the New Zealand branch of the B.M.A. and the Minister of Health having been reached on Nov. 3, 1939, the maternity benefit scheme under the Social Security Act is now in operation. This amended scheme dispenses with the necessity for the practitioner entering into a contract with the government. All he has to do now is to fill in a form for each miscarriage or childbirth he attends, forward it to the local M.O.H., and receive payment out of the social security fund. Extra fees are paid for complications and accidents, the help of an anæsthetist or consultant, and mileage. Obstetrical specialists, who must be recognised as such by the Minister, are entitled to charge the patient fees in excess of those provided under Social Security, but no other doctor rendering "usual" maternity services may do so. The fees agreed on are as follows:—

1. "Usual" medical services. Maternity, £5 5*s.*; miscarriage, £3.
2. Additional. Toxæmia other than eclampsia 10*s.* per visit with a maximum of £5; eclampsia £5; antepartum hæmorrhage involving surgical intervention or blood-transfusion, £4, with refund for donor and grouping tests; surgical induction of labour, £2; consultation, £1 1*s.*; anæsthetist, £1 1*s.*
3. Mileage. Where the distance from the doctor's residence or surgery is between 2 and 4 miles, £1 1*s.* to cover all visits; where more than 4 miles, 10*s.* 6*d.* for each mile or part of mile over 2 to cover all visits, or in other cases 4*s.* per mile over 2 miles per visit.

All practitioners who ordinarily practise midwifery are considered to be serving under the scheme unless they "contract out." Similarly all patients are considered to be subjects of the scheme unless they signify their intention of paying their own fees.

The scheme is generally approved by both public and doctors, and it is not likely that there will be much contracting out on either side. One wonders whether it would not have been better to have spent some of the Social Security money on helping the growing points of the obstetric art and science. To have established in each, or even in one, of the remaining three large hospitals in New Zealand (Dunedin being the seat of the medical school) a unit devoted to clinical research into such subjects as sterility, hormone treatment in obstetrics, and anæsthesia in childbirth might in the long run do more good than the present bread and butter measures. Such a unit, through postgraduate teaching and judicious publicity, might do much in forestalling disasters and disappointments, and incidentally save its cost many times over through more accurate treatment, at present often blindly applied. But there seemed to be no still small voice to mention these things when the scheme was being fashioned.

LETTERS TO THE EDITOR

NEGATOL

SIR,—Any method which promises to further the quest for the ideal treatment of vaginal discharge is welcome and deserving of clinical trial. A recently introduced product, Negatol, has been employed at the Middlesex Hospital clinic for the past eight months. One hundred and eight cases commenced treatment, of which eighteen defaulted and need not be mentioned further. The remaining ninety were classified into 3 groups: (*a*) cases of trichomonas infection; (*b*) cases of non-specific cervicitis with erosion; (*c*) cases of gonococcal infection with a residual non-specific cervicitis after sulphanilamide treatment. Bacteriological control was carried out by investigation of smears from the cervix and urethra and examination of a fresh specimen of discharge for *Trichomonas vaginalis*. The size and character of the cervical erosions were diagramatically recorded.

The treatment was carried out as follows. The vagina was douched with sodium bicarbonate and swabbed dry. Negatol (100 per cent.) on a wool-coated probe was then introduced into the cervical canal for one minute. All eroded areas were painted with the same strength solution. The upper vagina was then lightly packed with gauze soaked in 5 per cent. negatol. This procedure was repeated three times a week for periods varying from 3 to 6 weeks, and when the patient could not attend a 10 per cent. pessary was substituted for one day's treatment. A thick white film appeared immediately on all areas treated with the 100 per cent. solution and within 24 hours the entire vagina was covered with a similar film which gradually separated in shreds or occasionally in the form of a complete cast of the vaginal cavity. A microscopic section of a cast was seen to consist of the superficial layers of the vaginal epithelium averaging five cell layers in depth. The mucosa after separation of the cast was pink and unbroken and showed no evidence of inflammatory reaction. Soreness was complained of in four cases and in these, classified as failures, the treatment was abandoned. No patient complained of symptoms suggestive of general ill effects due to the possible absorption of negatol. The results in brief were:—

Group (*a*): 17 cases of which 11 are apparently cured. These figures are disappointing when compared with the excellent results obtained by other methods.

Group (*b*): 47 cases of which 45 are symptom free with healed erosions.

Group (*c*): 25 cases of which 20 are seemingly cured.

It is as yet early to draw conclusions, but it appears that negatol is deserving of a more extended trial in cases of non-specific cervicitis with erosion. It is hoped to make a more detailed report on the investigations when a sufficient time has elapsed to justify regarding the cures as permanent.

I am, Sir, yours faithfully,

OSWALD LLOYD.

Gynæcological Registrar, The Middlesex Hospital, W.1.

SIR,—It may be of interest to bring to notice a new product, Negatol, upon which a clinical trial has been carried out at the L.C.C. (Whitechapel) Clinic on cases suffering from infestation with *Trichomonas vaginalis*. Some of the 50 patients were suffering also from gonorrhœa or its sequelæ, there being 5 with acute and 26 with chronic gonorrhœa. Identification of the parasite was made in all cases as follows. A bead of pus was removed from the posterior vaginal fornix by means of a sterile platinum loop and was suspended in normal saline on a microscope slide. This suspension was covered by a cover-slip, immediately examined by the darkground method and the characteristic movements of the actively motile organisms observed. Clinically, the majority of the cases showed the characteristic signs of the infestation—vaginal discharge with a varying degree of vaginitis and cervicitis.

Patients were advised to attend daily for treatment, which was carried out in the following manner: the patient being in the lithotomy position, a speculum was inserted and the vagina swabbed out with a cotton-wool swab. A douche of 2½ per cent. negatol was then given. This was followed by thorough painting of the cervical canal and vagina, paying particular attention to the posterior fornix, with 100 per cent. negatol, by means of a cotton-wool applicator. If unable to attend daily, a 10 per cent. negatol pessary was given to the patient, with instructions to insert it as high as possible into the vagina on retiring. As I regard the rectum as a possible source of auto-reinfection, especially during the menstrual period, the patient was instructed to insert into the anus a 20 per cent. negatol suppository each evening during menstruation.

During treatment a thick white membrane forms over the vaginal mucous membrane and this gradually extends over the entire surface, including the cervix. This membrane is shed either gradually or, as occasionally happens, as a complete cast of the vagina. It consists of the superficial layers of the vaginal epithelium. Once separation is complete, the underlying mucosa appears of normal healthy colour and it will be seen that the inflammatory process has subsided to a marked degree.

At each visit a saline suspension was taken from the vagina and examined by the darkground method for the *Trichomonas vaginalis*, in order to control the investigation.

ANALYSIS OF RESULTS

Day on which *Trichomonas* disappeared.	No. of cases	
1	22	(44%)
2	7	(14%)
3	9	(18%)
4	5	(10%)
5	4	(8%)
6	1	(2%)
7	2	(4%)
Total	50	(100%)

Relapse occurred in 21 cases (42 per cent.). In 13 patients this happened immediately after a menstrual period. It is always difficult to decide whether these relapses are genuine or are in reality reinfections. In some cases where the *Trichomonas vaginalis* reappeared there was no consequent clinical relapse. This suggests that the organism was assuming its well-known saprophytic character.

The striking feature of cases treated by negatol is the rapidity with which the clinical signs and symptoms disappear. This is naturally the most important factor so far as the patient is concerned. No complaints regarding discomfort were made by the patients undergoing the treatment, and the simple method of application makes the method extremely practicable. It is hoped to make a more complete

report of the investigation later. Meanwhile I should be pleased to hear of other readers' experiences with this product.

I am, Sir, yours faithfully,

W. NEVILLE MASCALL,
Chief Assistant Medical Officer,
L.C.C. (Whitechapel) Clinic.

PARAPLEGIC BERIBERI

SIR,—Dr. Bruce Young, in his fascinating account of a patient with paraplegic beriberi in THE LANCET of Dec. 16, comments on the appearance of the legs, which suggested a link with famine œdema, "a disease regarded by some authorities as a special variety of beriberi and by others as a distinct but allied condition." The observations of Dr. Ashley Weech in China and New York show that œdema occurs when the serum albumin is reduced below a critical level, the concentrations of globulin and total protein being less important. The reduction can result from a diet which contains little protein, but the economic situation in this country does not produce examples. Dr. Bruce Young's patient, however, had subsisted mainly on milk chocolate and grapes for a year, with other fruits and uncooked vegetables for the previous four years. Half a pound of chocolate and a pound of grapes would contain about 26 g. of protein. A vigorous adult (which the patient was) probably needs about 100 g. of protein (of which 37 g. should be animal protein) a day. As has often been said, a diet deficient in one thing is probably deficient in another, and it seems likely that this patient was suffering from nutritional œdema as well as beriberi. One would much like to know what the serum albumin figure was.

I am, Sir, yours faithfully,

Cuckfield, Sussex. PHILIP EVANS.

BURN WARDS

SIR,—I apologise to Miss Gray for stating that burned children are sent from the Glasgow Royal Infirmary for treatment in the Royal Hospital for Sick Children. I would be interested to know, however, if there is a follow-up of all burning injuries which were not deemed worthy of admission and which were sent home after treatment as outpatients. It may happen that every case is not seen by a member of the visiting staff, and that certain cases eventually arrive at other hospitals for further treatment. On re-reading my article I cannot see any implication that the general hospitals ignore the urgency of immediate treatment of burns. Before the surgeons of the other teaching general hospitals arise in their wrath to smite me, may I state now that I know very definitely that this urgency is fully appreciated by them. It appears reasonable to assume, however, that in a children's hospital there are greater facilities for the treatment of young children, and I can state with confidence that this fact has been recognised by the responsible persons in the two general hospitals in question.

Statistics are mainly of value to the person who compiles them. It is manifestly impossible to compare the results of Miss Gray's large series with our more modest figures; but, if the mortality of 8 per cent. refers to the 270 children of three years and under, I salute Miss Gray. I appreciate just how much work such excellent results must have demanded from both the visiting and nursing staff.

The dyes suggested by Dr. Cruickshank have been used in the Royal Hospital for Sick Children, but I personally came to the conclusion that an "adequate" coagulum was not formed with sufficient rapidity to eliminate the risk of secondary shock in extensive injuries in children. I admit that blood-stained vomit is not a common occurrence, but we unfortunately still see cases of severe toxæmia, and in these cases blood is not uncommonly present in the vomitus.

As sepsis has ceased to exist as a serious complication of burns in the children's hospital, I do not feel justified in advocating the sulphonamides as a prophylactic measure until I am assured that their value, when used in this way, more than compensates for the slight risk from their toxic manifestations. The cosmetic results obtained from the use of creams in burns of the face are admittedly excellent, but if a large area is damaged it appears to be unnecessary to run the risk of toxæmia, when equally good results may be obtained by coagulation therapy. This method of treatment not only disturbs the child less but also simplifies nursing.

May I conclude by expressing my admiration for Miss Gray as a surgeon, and my gratitude to her for her patience as a teacher. It is occasionally by such controversy that one learns of the good work being done in other hospitals.

I am, Sir, yours faithfully,

Pollokshields, Glasgow. WALLACE M. DENNISON.

THE E.M.S. AND PARLIAMENT

SIR,—I am fully aware of the composition of the Emergency Medical Committee of the B.M.A. later called the Central Medical War Committee, for the names are set out in detail in a parliamentary answer by the Minister of Health (*Hansard*, Oct. 26). The full list numbers 38; only 5 of these are London consultants, and my point that the principal committee advising the Minister in earlier stages included too few members familiar with consulting practice in London may be conceded. The complete reversal of the position of consultants which followed upon the operation of the committee of Oct. 18 confirms that contention. On this new committee only 4 of the 19 members were representatives of the old B.M.A. committee; and for the first time a really acceptable proposition was made on its recommendation. The answer given to me by the Minister recorded in your last issue shows that by Dec. 14, 337 out of some 700 members of honorary staffs of London hospitals had enrolled for part-time service on this new offer; whereas prior to the activities of the new committee only 23 members had accepted the various schemes offered by the Minister on Sept. 8 and Sept. 18. The responsibility which I assigned to the Central Emergency Committee of the B.M.A. for these earlier and essentially abortive schemes is, I submit, pace Mr. Platt, confirmed by the answer given by the Minister of Health to a question on Oct. 26, asking "to what extent he had found it possible to consult the medical profession in determining the terms and conditions of employment of medical practitioners in the Emergency Medical Service." Mr. Elliot then told the House that the B.M.A. committee had begun to function as an advisory body in 1937; that the "utmost use" was made of this committee under its new name, the Central Medical War Committee, and that "the grading and basis of organisation of the Emergency Medical Service followed the recommendations of this committee and the group officers."

I hope I have vindicated the accuracy of my statements rashly challenged by Mr. Platt.

I am, Sir, yours faithfully,

House of Commons. E. GRAHAM-LITTLE.

SYSTOLIC CLICKS WITH PNEUMOTHORAX

SIR,—In your issue of Dec. 9 Dr. Scadding and Dr. Wood described systolic clicks due to left-sided pneumothorax. Since the publication of their paper, another case has been seen at Hammersmith Hospital.

A man of 20 was admitted on Dec. 12 with the story that five hours previously, following exertion, he had been seized with sudden pain in the left chest. The pain took about eight minutes to reach its maximum intensity, and radiated to the root of the neck and down the inner side of the left arm to the elbow; it was aggravated by breathing, coughing and movement. He also felt a bubbling sensation in the left chest. On examination the signs were slight. He was not dyspnœic; the heart and trachea appeared to be slightly displaced to the right; there was some change of percussion note and diminished breath sounds at the left apex; the heart sounds were normal. X-rays showed a small left-sided pneumothorax, but the lung edge could not be defined. On the 16th clinical signs of pneumothorax could not be detected, but a loud clicking sound could be heard at the apex synchronous with the heart beat. It was best heard with the patient sitting upright or lying on the left side. It occurred late in systole, and was so loud that it was detectable with the unaided ear a foot from the chest wall. The considerable noise in his chest alarmed and distressed the patient. Next day the systolic click had disappeared.

It seems probable that this physical sign may often be elicited in the small left-sided pneumothorax, though frequent examination may be necessary to catch the bubble of air when it is of the correct size. Its value might be to establish the diagnosis of left-sided pneumothorax when the amount of air in the pleural cavity is so small as to make the results of ordinary clinical and radiological examination difficult to interpret.

I am, Sir, yours faithfully,

E. P. SHARPEY-SCHAFER.

British Postgraduate Medical School, W.12.

THE WRITING ON THE WALL

SIR,—Apropos of Doctor Don's letter in THE LANCET of Dec. 16, the majority of the effusions which appear on the walls of our public conveniences are not of a high literary order. Nevertheless, the author of the following invocation, which I understand appeared many years ago on the wall of a lavatory at one of our old universities, has some claim both to scholarship and humour.

O Cloacina!* Goddess of this place,
The daily haunt of every child of grace;
Soft yet consistent may my offerings flow,
Not rudely swift, nor yet unduly slow.

* The titulary deity of drains and sewers.—C.K.M.

I am, Sir, yours faithfully,

Leicester. C. KILLICK MILLARD.

TREATMENT OF COLDS

SIR,—I have found the following local nasal treatment of the common cold most efficacious both as regards hastened resolution and diminished incidence of complications. It is based on the Proetz displacement treatment of sinusitis and can be carried out by the patient himself. It is most important that it should be started on the very first day that symptoms are noticed.

The patient lies on his back with the head as far back as possible; a pillow may be put under the shoulders, but there must not be one under the head itself. Warmed ephedrine solution, 1 per cent. in normal saline, is then put into each nostril with a dropper until the nasal cavity is full on each side, the patient breathing through the mouth. The solution is kept in situ, with the head held well back, for three minutes. The patient then sits up, allows it to run out, and gently blows his nose.

This procedure is carried out morning and night until the cold has resolved.

I am, Sir, yours faithfully,

London, W.1. HENRY S. SHARP.

Medical News

University of Cambridge

At recent examinations the following were successful:

FINAL EXAMINATION FOR M.B., B.CHIR.

Part I (Surgery, Midwifery and Gynæcology).—G. A. Ballance, E. D. Barlow, J. J. H. Beattie, M. W. Bird, T. R. M. Bristow, P. P. Brown, B. D. Burns, J. C. K. Campbell, G. K. F. Cohen, M. K. Cole, J. G. Craddock, R. W. Danziger, R. V. Dent, W. R. B. Dickinson, J. A. Elliott, M. A. Fawkes, J. H. P. Gauvain, M. J. Greenberg, T. S. S. Gregory, M. H. K. Haggie, R. T. Hastings-James, K. M. Hay, R. C. Howard, J. H. Humphrey, R. R. Hunter, T. B. Hutton, J. D. H. Iles, R. C. Jack, J. H. Jacobs, D. W. M. James, E. E. Jones, J. Joyce, J. H. Keesey, T. A. Kemp, J. D. Kidd, H. P. König, J. A. N. Lock, B. C. H. Luker, G. T. B. MacKinnell-Childs, W. B. D. Malle, J. E. M. Melville, R. S. Monro, R. Morton, T. L. Oliver, A. Ponder, A. G. Porter, W. L. Price, J. M. Pullan, H. Rabinowitz, J. F. Roberts, D. Scott, M. C. Simpson, J. F. Smith, N. Southwell, G. E. Spear, P. N. Stanbury, G. E. Stein, R. E. Symes-Thompson, J. R. Tasker, A. C. Thackray, C. C. Thomas, G. T. G. Thomas, P. D. Trevor Roper, H. D. S. Vellacott, F. A. Whitlock, H. H. Wolff and M. W. W. Wood.

University of Manchester

At recent examinations the following were successful:

FINAL EXAMINATION FOR M.B., CH.B.

Peggy Anderson, A. P. Bates, David Bolchower, Ralph Cocker, Barbara H. Fiddian, Percy Haslam, J. E. Horrocks, Edward Lee, David Livshin, Alan Manch, A. S. Ogden, J. C. Ramsden, J. C. A. Renshaw, G. G. Robertson, W. P. Sweetnam and H. E. Thackray.

Part I.—Eva Abrahamson, I. C. Campbell, A. C. C. Davey, Elisabeth J. Davy, Ian Dickson, Walter Dickson, Harry Diggles, J. W. Emerson, G. R. Ferguson, L. A. Gifford, B. L. Hoffmann, E. W. Jones, F. T. Jones, Geoffrey Lancaster, F. R. L. Makin, Alan Manch, Henry Walmsley, Mary J. Walmsley and Elizabeth C. S. Williams.

Royal College of Surgeons of Edinburgh

At a meeting of the college held recently, with Dr. H. M. Traquair, the president, in the chair, the following who passed the requisite examinations were admitted to the fellowship:

Yatramulle Mohandirange Edwin Rolin Abeyesundere, L.R.C.P.E.; Thomas James Brownlee, M.B. Edin.; Hyman Cohen, M.B. Edin.; Kalipada Das, M.B. Calcutta; Benoy Kumar Das Gupta, M.B. Calcutta, M.R.C.S.; Johnstone Dickie, M.B. Edin.; Alastair Alexander Douglas, M.D. St. And.; Mostyn Powell Embrey, M.B. Wales; Desiderius Engel, M.D. Budapest, L.R.C.P.E.; Maurice Rossie Ewing, M.B. Edin.; William Leslie Fulthorpe, M.D. Durh.; Walter Charles Gledhill, M.B. Sydney; William Gray, M.B. Edin.; Robert Fritz Herries Hinrichsen, M.D. Rio de Janeiro, L.R.C.P.; Henry George E. Wishart Hoare, M.R.C.S.; Sa'dallah Khalil, M.B. Sheff.; Andrew Gilchrist Ross Lowdon, M.B. Edin.; Rosamund Margaret Irene Mackay, M.B. Lond.; Aubrey York Mason, M.B. Witwatersrand; William Michie, M.B. Aberd.; Andrew Campbell Miller, M.B. Glasg.; Navrangial Maganlal Mody, M.B. Bombay; Geoffrey Henry Moore, M.B. Sydney; Arthur Naylor, M.B. Sheff.; Padamanur Govinda Rau, M.B. Madras; Frederick Howard Roberts, M.B. Edin.; Thomas Frederick Rose, M.B. Sydney; Francis John Rutter, M.B. Birm.; Charles Gordon Scorer, M.R.C.S.; John Francis Sheehan, M.B. N.U.I.; Hector Alban Thomas, M.B. Wales; Ramsay Nairn Traquair, M.B. Edin.; and Leslie James Woodland, M.B. Sydney.

University of London

The William Julius Mickle fellowship for 1940 has been awarded to Mr. F. G. Young, D.Sc., a member of the scientific staff of the Medical Research Council.

At recent examinations the following were successful:

FINAL EXAMINATION FOR B.D.S.

W. G. Cross (Guy's) (with honours); W. J. Head (Guy's); K. R. Titford (Guy's).

Group II.—W. E. Jackson (Guy's).

Society of Apothecaries of London

At recent examinations the following were successful:

Surgery.—E. J. S. Barthorpe, E. Batley, P. S. Clarke, S. J. P. Ras, and E. A. Spouse.
Medicine.—D. S. Foster and E. G. F. Skinner.
Forensic Medicine.—D. S. Foster and E. G. F. Skinner.
Midwifery.—R. S. Holtan, C. M. Isherwood, and J. Marks.

The following candidates, having completed the final examination, are granted the diploma of the society entitling them to practise medicine, surgery and midwifery: E. J. S. Barthorpe, Oxfd and St. Mary's; E. A. Spouse, Guy's; and E. G. F. Skinner, Sheff.

National University of Ireland

At recent examinations held at University College, Cork, the following were successful:—

M.CH.

W. F. Whelton.

FINAL EXAMINATION FOR THE DEGREES OF M.B., B.CH., B.A.O.

J. B. Kearney and P. J. Pugh (with first-class honours); Matthew Bennett, M. A. Carroll, T. F. Coleman, J. J. Hennessy, J. P. Kenefick, Thomas McCracken, J. B. McKenna, Kathleen M. McSwiney, Anne M. Madden, J. J. Mockler, P. J. Murphy, W. P. Navin, Mary L. Neville, D. J. O'Callagan, Nora T. U. O'Callaghan, J. S. O'Dwyer, W. P. O'Neill, D. P. F. O'Sullivan, J. V. O'Sullivan, P. J. Pugh, J. A. A. Ryan.

Part II.—Winifred P. Fielding, W. P. Lee, Thomas Nunan, and Luke Tully.

D.P.H.

Part I.—D. C. Lawton.

Play Broadcast

The B.B.C. announces that on Jan. 2 at 1.50 P.M. "Velvet Sleep," a play based on Dr. James Young Simpson's discovery of chloroform, will be heard.

Inspector of Anatomy

Dr. Edward Ellice Henderson has been appointed by the Minister of Health and the Secretary of State for Scotland to be inspector of anatomy in England, Scotland and Wales.

King's College Hospital

Lady Hambleden presided at a second war-time breakfast at the hospital on Dec. 14, and later Sir Frank Pearce formally opened the new dental department. Since its foundation in 1923, the department has had the use of one of the hospital wards. The removal of the dental department from this ward, which had been contemplated some time ago, was hastened at the outbreak of hostilities by the necessity to provide more hospital beds for the treatment of air-raid casualties. The new dental department occupies the ground floor of the stock exchange wing. It will be primarily concerned with conservative treatment, and the main portion of the building will contain thirty-five chairs and units of the most modern kind. There are also a children's department equipped with nine chairs and units, a lecture theatre, a clinical room for the instruction of students, an X-ray room, a phantom room, in which students learn the preparation and filling of teeth, a prosthetic room for providing dentures, a laboratory, staff rooms and administrative offices. The cost of the new department has been met by the trustees of the late Mr. Alexander Bohrmann, who was a near neighbour of the hospital, and by a grant from the Dental Board. In declaring the department open Sir Frank said he was confident that the combination of medical and dental education under practically one roof, and undertaken in many cases by the same teachers, was beneficial for the future dental surgeons and was no less important for the future physicians and surgeons.

Physical Recreation for Youth

At an executive meeting of the Central Council of Recreative Physical Training it was reported that the council's technical representatives, stationed in different parts of the country to help with the development of indoor and outdoor physical recreation for youth, were making satisfactory progress in spite of difficult conditions. The council hopes that all national organisations concerned with physical training will find it possible to continue and even to increase their activities during war-time. The council is prepared to do its utmost to assist them.

Certifying Factory Surgeons' Association of Great Britain and Ireland

Dr. Roland Nightingale has been elected president of this association. Dr. Nightingale is examining surgeon for Stockport.

Civil Nursing Reserve

At the meeting of the General Nursing Council on Dec. 14 it was announced that eleven nurse officials are to undertake the re-organisation of the Civil Nursing Reserve. These nurses will be members of the staff of the Ministry of Health and will be appointed to the eleven districts into which the country is divided in the scheme for the regionalisation of hospitals throughout the country. Their tasks will include getting into touch with the hospitals and with the members of the reserve. The London area requires special arrangements to fit in with its own special problems. A central advisory board is to be appointed and sector matrons, with other representatives of the nursing profession, will be represented upon it.

Mansion into Hospital

Dungavel House near Strathaven, home of the Duke of Hamilton, has been transformed into an auxiliary hospital for civil defence purposes. It will have accommodation for 100 patients and a staff of 25 nurses. Several of the wards are furnished with period furniture, and the original atmosphere of the house is also sustained by a display of portraits and other pictures. The picture gallery, from which the more valuable paintings have been removed for safe storage, has become a ward for 14 beds. The house has been converted comparatively easily and should be a useful hospital, since the grounds are extensive, electricity is generated on the premises, the house has its own fire engine and hydrants, and there is extensive modern plumbing, a lift and telephone exchange.

Births, Marriages and Deaths

BIRTHS

FERGUSSON—On Dec. 16, the wife of Mr. J. D. Fergusson, F.R.C.S., of Stanmore, Middlesex—a son.
FORRESTER.—On Dec. 22 at Llanelly, the wife of Dr. A. Stuart Forrester—a daughter.
HART.—On Dec. 19, at the Royal Bucks Hospital, the wife of Dr. V. E. Lloyd Hart—a son.
KANAAR.—On Dec. 2, at High Salvington, Sussex, the wife of Lieutenant A. C. Kanaar, R.A.M.C., a son.
LUDLAM.—On Dec. 16, in Edinburgh, the wife of Dr. Martin Ludham—a daughter.
NUTT.—On Dec. 22, at Haywards Heath, the wife of Lieutenant W. S. Nutt, R.A.M.C.—a son.
SHARP.—On Dec. 18, the wife of Dr. Edward Sharp, of Epping, Essex—a daughter.
STEVENS.—On Dec. 17, in Alexandria, the wife of Captain C. P. Stevens, R.A.M.C.—a son.

MARRIAGES

ALDIS—JOHNSON.—On Dec. 16, at Bedford, Arnold Steadman Aldis, M.B., to Dorothy Hilda Johnson, M.R.C.S.
ATKINS—MURCH.—On Dec. 20, at Herne Hill Church, near Canterbury, Surgeon Lieutenant John Douglas Atkins, R.N., to Joan Elizabeth Murch.
BROWN—HESLOP.—On Dec. 18, at Caxton Hall, Captain Stewart Brown, R.A.M.C., of Edinburgh, to Nancy Heslop of Torquay.
INNES—CHRISTOPHER.—On Dec. 23, at Stevenage, Alexander Innes, F.R.C.S., of Edgbaston, to Margaret Mary Christopher of Goring-on-Thames.
SLAYTER—TOWNSEND.—On Dec. 20, at Halifax, Nova Scotia, Captain John Howard Slayter, R.A.M.C., to Jean Townsend, of Ealing.
SOLOMON—WEISSMANN.—On Dec. 22, at Beaconsfield, Richard Maurice Solomon, M.R.C.S., to Suzanne Marie Weissmann, of East Croydon.
SUZMAN—HAMILTON.—On Dec. 20, in London, Samuel S. Suzman, M.R.C.P., to Constance Mary Hamilton.

DEATHS

ADAMSON.—On Dec. 26, at Hillside, Montrose, Colonel Henry McKenzie Adamson, C.B., M.B. Aberd., A.M.S. (retd.), aged 78.
STONE.—On Dec. 20, at Reigate, Herbert Stanley Stone, M.B. Edin., aged 89.
WRIGHT.—On Dec. 21, at Wotton-under-Edge, Gloucestershire, John Crossley Wright, M.A., M.B. Camb., aged 73.

NOTES, COMMENTS AND ABSTRACTS

FOOTPRINTS AND FEET OF NATIVES OF THE SOLOMON ISLANDS

By Clifford S. James, M.B. N.Z., D.T.M. & H., F.R.C.S.E.

(*From the Melanesian Mission Hospital, Malaita, British Solomon Islands*)

The footprint of a savage in the sand has always been a thing of interest, from our earliest reading up to present-day study of orthopædics. Lack of roads in two of the islands where I have worked has made the beach the main highway; and material for the investigation of footprints has been plentiful.

The ones studied in this paper are mostly those of natives of the island of Malaita, a virile, wild, and aggressive type of Melanesian who rarely goes far without his big knife, axe, or club. The group is unselected and consists of normal average natives—e.g., visitors, passers-by, convalescents from minor troubles, labourers, and so on. The method of taking the prints was to seat the subject on the edge of the table and to paint his soles liberally with black paint. Supported by each arm, he stepped cleanly down on to a sheet of paper. Standing there, he was told to make as big a print as possible. This he did by bending his knees and giving a jab downwards on to the paper. This manœuvre encouraged relaxation of his muscles and voluntary depression of the arches of his feet, if depressible. He was lifted back on to the table, and the paint was removed with kerosene.

In considering these footprints, I must state first of all that among the population generally there is neither foot-gear nor flat-foot. My work in these regions extends over ten years.

The footprint of a native is often as characteristic of the man as is his face. Not only is his foot, untrammelled by shoes, put down in its own way, but also the depredations of yaws, tropical phagædenic ulcer—both universal—and fungus infections of the sole make it further characteristic by loss of a toe or by contractures and deformities following ulcers.

COMPARISON OF EUROPEAN AND NATIVE FOOTPRINTS AND FEET

The *longitudinal arch* exists in both European and native races and is a definite fixed part of the anatomy. Although it can easily be increased by pushing down the anterior part of the foot, it cannot be depressed either voluntarily or passively, with the foot and leg in complete relaxation even under an anæsthetic, by manipulation with the hands.

D1, a normal native, selected only because of his willingness to coöperate, was given an anæsthetic. When he was deeply under, a print was taken of his flaccid left foot. A similar print was taken of his right foot, pressure being applied with all the force that I could exert, but the arch remained as before (fig. 1, D1 (normal) and N4 (under anæsthesia) and fig. 2).

The tuberosity of the navicular bone varies little, whether the foot is merely resting relaxed on the ground or the whole of the body-weight is pressing on it, the other foot being raised from the ground.

This finding is opposed to the view that there is no fixed arch in "primitive races who have never worn boots or shoes," and "the arch of the foot . . . is a contracture deformity almost universally acquired by civilised people as the result of cramping their feet in boots and shoes" (Bankart 1935), and that "it is the fixation of the arch . . . that we regard as unnatural," and "it is the mobility of the arches which is of most importance" (Bankart 1938). Likewise Wiles (1938) expresses the opinion that the normal foot "can relax into the 'flat' position." On the other hand, it is in agreement with Bruce and Walmsley (1938), who, from examinations of fœtal feet, conclude that "the human foot possesses a well-defined structural longitudinal arch." They could not agree that the mobility of the foot, as mentioned above, is the all-important factor.

Some differences between the feet of Europeans and natives.—A native's foot is more massive and broader, especially in the male, and lacks the "elegance" (usually pathological) of a European's foot. The sole is well padded, and the skin is thick where contact is made with the ground. (Under the arch the skin is not thickened.)

The toes of a native are straight, lie parallel with the ground, and are spread out so that the inner and outer borders of the feet are two straight lines. In fact, all the toes lie in lines radiating from the centre of the heel. Occasionally the great toe is abducted, so that the inner border of the foot is concave medially and the other foot has to "step over" the great toe. The differences are evident in fig. 3, where the footprint of a normal shod European is superimposed upon that of a native.

On wet slippery ground, where a European's foot would meet with disaster, a native's foot remains firm. The footprint shows deep toe-prints where the toes have been pushed into the ground to get a good hold. Even on the beach the toeprint is deep, because a native uses his toes in walking more than a European does. The final push-off is from the toes. His powers of flexion resist any effort of mine to straighten his toes.

When the prints are superimposed (fig. 3), the outer border of the heel and the prominent base of the fifth metatarsal being taken as a base line, it will be seen that the anterior part of the native's foot is swung inwards—adducted—with a hinge mid-tarsally. This is confirmed by measurements:—

(1) A line from the middle point of the heel posteriorly to the front of the print of the ball of the great toe is shorter in a native's foot when compared with a line from the heel to the ball of the little toe than is the corresponding line of a European's foot similarly compared.

(2) A line drawn across the foot from the front of the ball of the great toe to a similar place in front of the ball of the little toe, when joining the line along the lateral border of the foot, makes a smaller angle in a native's foot than in a European's foot.

(3) In the hollow of the footprint a transverse line, drawn behind the ball of the great toe and meeting a line drawn from the heel along the inner border of the footprint, makes a smaller angle in a native's foot than in a European's foot. (This angle can be drawn accurately only in some feet.) However, in a European's foot this inner border of the print tends to be a wide curve rather than the angle seen in so many footprints of natives (see fig. 4).

(4) The increased prominence of the base of the fifth metatarsal (fig. 1) in so many footprints of natives is partly due to this medial swing of the fore part of the foot.

The most obvious difference between the two footprints as seen on the beach is that the European's foot is always turned out to various degrees when walking. If a European places his footprints in alignment with those of a native he feels that he is

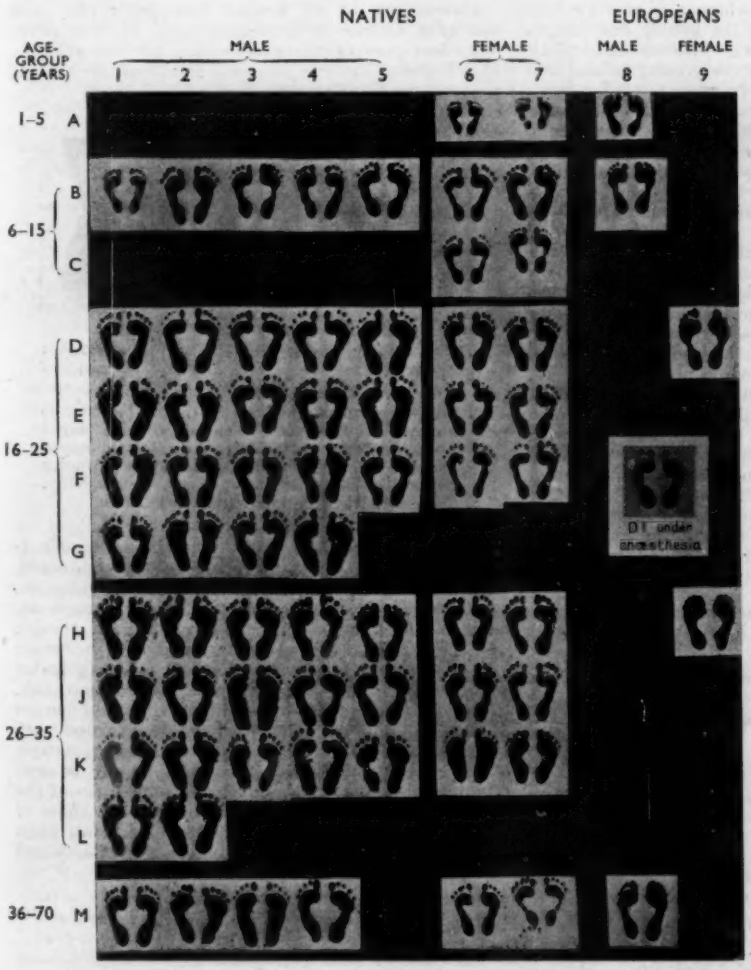

FIG. 1—Footprints of 65 natives of the Solomon Islands and 5 Europeans, arranged according to sex and age. D1's footprints under anæsthesia are seen on the right. Under full anæsthesia the left footprint was taken by bending the knee and placing the blackened foot on paper. The same was done with the right foot and a strong force was applied in an attempt, which failed, to obliterate the longitudinal arch.

FIG. 2—Feet of D1 (see fig. 1). The arch and general contour of the feet are shown. The strong toes of the right foot are flexed and gripping the table.

FIG. 3—Footprint of a normal shod European (M8 in fig. 1), shown by continuous line, superimposed on that of a native (D1 in fig. 1), shown by interrupted line. The swing medially of the fore part of the foot and the wide spread of the toes, each lying in the line of its metatarsal bone, are obvious in D1.

walking very "pigeon-toed." A native's foot has its inner border pointing straight ahead, with slight variations one way or the other.

Where a European's footprint shows a "waist," the outer border of a native's foot often shows a projection. This is at the prominent base of the fifth metatarsal. In a European's foot there is a slight bony arch laterally (Bruce and Walmsley 1938), whereas in a native's foot there is none. This corresponds to the fact that the tuberosity of the navicular on the inner side of the foot is lower by ¼ in. than in a European's foot as measured by Bruce and Walmsley.

Further points in the examination of the foot itself.—The female foot, being less massive than the male, is the more easily examined. Its mobility and pliability are most noticeable; in fact, the only fixed thing is the longitudinal arch. All the other joints can be moved separately. The line of the heads of the metatarsals, where the presence of an arch has been disproved by Bruce and Walmsley (1938), can be freely bent transversely either convexly up or down to an equal degree. This part of the foot in a young woman aged 19 could be increased ¾ in. in width merely by gentle digital traction of the heads of the first and fifth metatarsals. Further evidence of this pliability is the way in which the foot spreads out over the ground when the body-weight is put on to it. Also, though the sole is usually thick, some prints (fig. 1, E3 and M7) show evidence of two lines of flexure in the sole, one behind the metatarsal heads and one in front of the heel. This flexibility makes the foot very adaptable. Whatever the nature of the ground, the native walks with ease—e.g., a European treading on a pebble with a diameter a third of the width of the foot

treads only on the pebble, whereas a native's foot "flows" all over and round the pebble and adapts itself to it unconsciously and without discomfort, the sole making contact with the ground behind and on the sides, and the toes in front.

At rest—e.g., with the legs hanging over the side of a bed—there is plantar flexion of the foot as a whole, dropping of the anterior part of the foot, with increase of the longitudinal arch, some dorsiflexion of the toes, and inversion of the foot. The normal foot of a European would take up this position were it as flexible as a native's foot.

In fig. 1 there are five footprints in which the black area extends almost to the inner border of the foot—e.g., K6—as though there might be flattening of the arch. This was not so, however, and the tuberosity of the navicular was the same distance from the ground as in other feet with a normal footprint. The fullness of the sole was made up of soft tissues, especially muscles. As soon as the foot touched the ground, the abductor hallucis muscle came into action and pulled the great toe medially and with it the forepart of the foot, which was more adducted than usual (fig. 5). At rest the great toe was normal in position. The interest of this case lies in the fact that the woman was stout and heavy, and this action of the muscles of the foot in bringing more toes and metatarsals to the help of the first metatarsal and so to support the arch seemed to be compensatory.

6 7

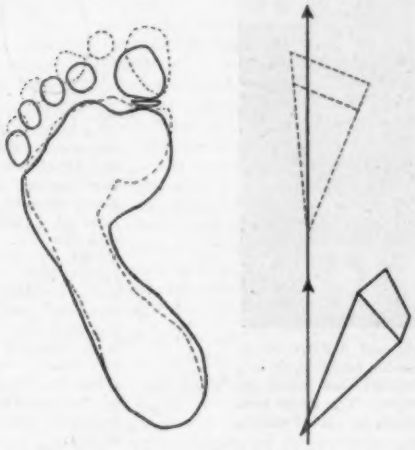

FIG. 6—Footprint (continuous line) of a European (A8 in fig. 1), aged 5½, who had never worn shoes, superimposed on that (interrupted line) of a native (B1 in fig. 1), aged 7. Except for the rather shorter toes of the European, there is a striking similarity between the two footprints.

FIG. 7—Triangles of the feet in relation to the direction of travelling: (*a*) of a native (fig. 1, D1); (*b*) of a European (fig. 1, M8). In the native's foot the toes form a strong additional base to the triangle; all the metatarsals help in propulsion; and the body-weight passes straight over the arch in the line of its strength. In the European's foot (turned out at an angle of 22½°) the toes form a weak and contracted second base; the first metatarsal takes most of the strain of propulsion; and the body-weight passes diagonally over the arch, the strain being on the side of the pillars and tending to push still further out the fore part of the foot and the great toe.

Comparison of an unshod European's foot with that of a native.—A European, aged 5½, had never worn foot-gear (except wide sandals for a short time). Fig. 6 shows his footprint superimposed on that of a native aged 7 (B1). The similarity is striking when compared with fig. 3, the shod foot of a European. The inner border is straight and the fore part of the foot adducted, and in walking the foot turns very slightly in, as does a native's foot. Another European, aged 9½, also has been unshod for the most part, though the period in wide shoes or sandals was longer (fig. 1, B8). Unfortunately there is not a footprint similar in size and sex with which to compare his. However, the adduction is evident, the inner border is straight, and he walks with the feet turned very slightly out—i.e., within the limits of a native. Both have strong active toes with strong flexion. The measurements of the inner and outer lines of the foot bear the same ratio to each other as do those of a native's foot. (The foot of B8 is narrower than that of a native, possibly owing to a syndactylism of the second and third toes of each foot.)

4 5

FIG. 4—Footprints of a normal and of a flat-foot (Thomson, Miles, and Wilkie, Manual of Surgery).

FIG. 5—Feet of K6, whose footprints (see fig. 1) suggest flat-foot. The arch is the same height above ground as that of J7 (fig. 1). The fullness of the soles is due to soft tissue, especially the abductor hallucis muscle, which pulls the great toe medially. The fore part of each foot is well adducted.

COMPARISON OF THE MECHANICS OF EUROPEAN AND NATIVE FEET

The feet of both Europeans and natives possess an arch, and the posterior pillar of each is the same. The anterior pillar, however, varies very greatly. In a native the adduction of the fore part of the foot strengthens the anterior pillar by bringing in more of his metatarsals to take the strain, whereas a European's foot depends almost entirely on the first metatarsal to take the whole weight. The active and strong toes of a native also take some of the strain, especially at the moment of pushing off; in fact, the depth of the footprint on the beach, as we have seen, shows that the toes give the final push in walking. The toes of a European, on the contrary, remain more or less passive in the shoe, and barefoot the toeprint is faint. A native's toes are in a line each with its metatarsal, and, as the body-weight comes on to the forepart of the foot, each toe lies in the optimal position to help with the load, whereas a European's toes, especially the strong great toe, are pushed away from the line of stress and so can help much less. The contractions of the strong flexor muscles of the toes and of the small muscles of the foot, coming, as they do, at the time of great strain on the arch, act as the string of a bow and keep the arch from spreading. Lambrinudi (1938) emphasises this point. A European lacks this

assistance to the support of the arch in proportion to the non-use of the flexors.

A native, by keeping his feet straight in the direction in which he is walking, carries his body-weight straight over the arch and its pillars, with the result that the weight is borne by the strongest parts and in the best direction. The same weight in a European's foot, turned out to various degrees, goes over the arch by climbing up the outside of the posterior pillar, going over the summit diagonally, from the back, and then going down over the opposite side of the anterior pillar. No arch is made to take a strain on the sides of the pillars. The foot therefore gives, and the anterior pillar is pushed outwards. The joints, muscles, tendons, and ligaments have to work "off the square," and symptoms develop (see fig. 7).

Shoes compress the foot and interfere with the blood-supply of the muscles, structures become shortened, and the foot loses its pliability, and becomes less resilient and so less able to adapt itself to varying strains and positions. A native's foot, free to spread out, maintains its pliability and can meet these changing circumstances without effort.

CONCLUSIONS

The facts that these natives, while possessing an arch, are free from flat-foot, and that the unshod European's foot, at least in childhood, differs little from that of a native suggest that the cause of flat-foot lies not so much in the formation of our foot as in our ill-treatment of it.

The arch, a normal structure, is not meant to take the weight of the body unassisted and unsupported nor yet to propel us without help. The boots of a European deprive the arch of all its assistants—namely, (1) the metatarsals other than the first, by abducting the fore part of the foot, (2) the toes, (3) the small muscles of the foot, and (4) some of the power of the longer muscles.

Turning out the feet to form an angle of 45 degrees (as the army manual instructs us) is another factor in pushing the foot "off the plumb."

Manipulation which aims at breaking down the arch, while wrong in theory, may secure its success in practice by its effect on structures other than the arch—e.g., adhesions in the joints.

The *prevention* of flattening of the feet must lie in bringing back to our longitudinal arches all the supports that modern foot-gear has knocked away and giving to our feet, especially the toes and anterior part of the foot, some of the freedom enjoyed by those of a native. This done, exercises to strengthen the muscles controlling the foot and supporting the arch will bring the foot back to something near its natural form, and flat-foot will slowly disappear. Sayle Creer's (1938) specifications for a good shoe seem to fit these factors—namely, ample room in the fore part of the shoe, while the heel is gripped firmly by the shoe and the instep is held firmly by a strap.

Although we cannot discard foot-gear altogether, it seems useless, from the point of view of the foot, to do drill and exercises in any kind of foot-gear, even in socks. The feet should be bare and the toes allowed free movement.

The standing position with the inner borders of the feet together, or even with the fore parts touching and the heels slightly separated, should be adopted in place of the 45 degrees position. This position alone is often associated with some elevation of the arch, and a lessening of the strain on the first metatarsal can be felt by anyone who tries it.

The toes should point straight to the front in walking.

Between periods of exercise or standing, the weight should be taken off our arches by sitting down. A native will seldom stand for any length of time. If he cannot find a log or a flat stone, he will squat on his heels.

Diet seems to play a much smaller part than the factors already mentioned. B3, B6, C6, E3, J7, and M4 were thin and ill-nourished, but their footprints show a normal arch. However, the diet of these Melanesians is poor, consisting of taro, potato, yam, and small amounts of paw-paw and banana, the two latter eaten unripe and cooked. The food is badly chewed, is bolted, and is eaten almost all at one meal, much too large, in the evening. During the rest of the day they usually nibble at any bit of food that they can pick up or they have none at all. Their gardens are at the mercy of the elements, and after bad weather food is often scarce. The poor diet is responsible for much of the septic conditions which are so prevalent among them.

SUMMARY

The feet and footprints of 65 unselected, average, and normal natives of the Solomon Islands, of primitive and virile type, who suffer from neither flat-foot nor foot-gear, show a fixed longitudinal arch, depressible neither voluntarily nor by force under an anæsthetic. There is no anterior transverse arch.

The feet show (1) a straight inner border; (2) adduction of the fore part of the foot, which brings in the other metatarsals to the support of the first; (3) strong active toes, straight, and each in the line of its metatarsal, the toes forming an additional base of support for the anterior pillar, and giving the final "push off" in walking, while their tendons, with the small muscles of the foot, act as a bow-string, preventing spreading of the arch when the body-weight is put on it; (4) a standing position with the inner borders parallel or turned in a little; and (5) when travelling, an inner border pointing straight ahead, with the result that the body-weight is conducted over the arch in the line of its strength. In proportion to the amount of padding of the sole, the feet are delightfully pliable, the joints mobile, and the whole structure adaptable to any stress.

Some footprints suggesting flattening of the arch show active small muscles in the sole, which, contracting, fill up the hollow of the sole. The arch is normal in height.

The feet of two unshod Europeans show characteristics similar to those of a native—i.e., a straight inner border pointing straight ahead, adduction anteriorly, and strong active toes.

The foot of a European is essentially the same as that of a native, but his foot-gear has robbed it of the above-mentioned supports of its arch, which thus becomes loaded beyond its capacity.

The prevention of flat-foot must be to allow the foot to develop normally by the adoption of suitable foot-gear, which, while it holds the posterior part of the foot firmly, allows plenty of room for the free movement of the toes and the forepart of the foot—i.e., to approach as closely as possible the conditions under which a native's foot works.

Exercises in bare feet, a proper standing and walking position of the feet, and rests between periods of exercise or work are essential.

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SUPPLIES OF COD-LIVER OIL

THE price of cod-liver oil has been more than doubled since the war began and the upward tendency is still in evidence. One of the reasons for the reduced supplies of oil expressed from the livers of cod fish caught off the north-east coast of England is that most of the trawlers engaged in the fisheries have been commandeered by the Admiralty. In consequence we have become more dependent on imported oil. The main source of imports is Norway, and according to advice from the chief centre of the industry there ample supplies of Norwegian cod-liver oil are available for shipment. It is true that the prices quoted by Norwegian shippers have advanced substantially owing to the depreciation of sterling in terms of Norwegian currency and other causes, but there is still a large margin between the price quoted in Norway and the price which has to be paid when the barrels are landed at British ports. The duty chargeable on imports plays no part in the advance in the London price. It is true that there are other charges, but it is questionable whether these are sufficient to justify the remarkably high prices which wholesale drug houses have to pay for this essential commodity. It may be that the big margin is capable of satisfactory explanation, but an inquiry by the Ministry of Health or the Ministry of Supply would do no harm.

CHINA'S NEW HIGHWAYS

AN informal collection of letters from a red-cross doctor in China to his friend in this country have been published under this title.[1] They tell us casually of day-to-day difficulties such as impossible gradients, clogged feed-pipes, and bandits which are to be met against a background of cholera and air-raids on the little-known roads through which all China's trade with the west must pass now that Japan has gained control of the sea coast. The doctor is in charge of the distribution of medical supplies from the railhead at Yunnan—lately an unimportant townlet, which today shelters nine universities and twenty-two large banks, and where three further railways are being built in haste. In China, petrol is scarce and dear (sometimes 8s. a gallon), and some of the medical supplies are carried in ambulance lorries specially designed to run on anthracite or charcoal. The motto of the doctor's fleet is "the slowest driving but the fastest transportation," and he finds time to "pep up the health stations and quarantine stations" en route. Some of the earlier letters describe a pleasant trip along the new Burma-Yunnan road already described in our columns (July 8, 1939 p. 108), which was only slightly marred by an accident to the lorry which carried the doctor's cherished bicycle. "A bishop was driving it, and that is not ideal." The doctor was impressed by the spirit of enterprise which built the road. "It was nearly all done by farmers who were assigned certain bits to do; certain sections of mountain to be cut out were appointed to certain villages and districts." In this way 600 miles were built in nine months. Eleven photographs help us to share his admiration.

A WEARSIDE SURGEON

THOSE in search of an antidote to blackout boredom might do worse than turn to an unpretentious little volume of reminiscences written by a general-practitioner-surgeon of the old school. ("Sidelights on the Life of a Wearside Surgeon." By William Robinson. Gateshead-on-Tyne: Northumberland Press Limited. 1939. Pp. 153. 5s.) William Robinson was born at Stanhope, Weardale, where he practised for many years. As a young man in country practice he contrived to prepare himself for, and to pass, the English F.R.C.S. examination; no mean feat. Later he moved to Sunderland and became first physician and then surgeon to the infirmary there. Many years of sound and thorough work followed, and in 1934 the University of Durham conferred on him the honorary degree of doctor of surgery. After 57 years of practice he is still active and able to enjoy life. In this record of quiet and solid endeavour enlivened with numerous anecdotes about colleagues and patients, their foibles, follies and infinite variety, Dr. Robinson does not hesitate to poke fun at human vanity and pomposity, but his comments are singularly free from malice. His excellent little book might have been even better had it included an occasional joke against himself.

1. Obtainable from the secretary of the British Fund for Relief of Distress in China, 108, Barton Road, Cambridge. Pp. 27. 6d.

INFECTIOUS DISEASE

IN ENGLAND AND WALES DURING THE WEEK ENDED DEC. 9, 1939

Notifications.—The following cases of infectious disease were notified during the week: Smallpox, 0; scarlet fever, 1233; whooping-cough, 1189; diphtheria, 994; enteric fever, 29; measles, 2225; pneumonia (primary or influenzal), 440; puerperal pyrexia, 130; cerebrospinal fever, 27; poliomyelitis, 4; polio-encephalitis, 2; encephalitis lethargica, 2; dysentery, 50; ophthalmia neonatorum, 86. No case of cholera, plague or typhus fever was notified during the week.

Deaths.—In 126 great towns, including London, there were no deaths from smallpox or measles, 1 (0) from enteric fever, 2 (0) from scarlet fever, 2 (0) from whooping-cough, 26 (3) from diphtheria, 29 (3) from diarrhœa and enteritis under 2 years, and 23 (3) from influenza. The figures in parentheses are those for London itself.

Brighton reported the only death from typhoid. Fatal cases of diphtheria were scattered over 19 great towns, Liverpool reporting 4 deaths, South Shields and Plymouth each 2. Birmingham had 6 deaths from diarrhœa, Manchester 4.

Vacancies

Barnsley Beckett Hosp.—H.P., £150.

Birmingham, Romsley Hill Sanatorium.—Res. asst. M.O., at rate of £240.

Guildford, Royal Surrey County Hosp.—H.P. and cas. O., also H.S., each £150.

Halifax Royal Infirmary.—First H.S., at rate of £200.

Hampstead General Hosp., Hampstead, N.W.3.—Res. cas. M.O. for out-patient dept., at rate of £100.

Hospital for Consumption and Diseases of the Chest, S.W.3.—H.P., £50.

King Edward Memorial Hosp., Mattock Lane, Ealing, W.13.—Res. M.O., at rate of £275.

Leeds Jewish Hosp.—R.M.O., £200.

Lincoln County Hosp.—Jun. H.S., at rate of £150.

Liverpool, Mill Road Infirmary.—Sen. res. asst. M.O., £350.

Manchester, Baguley Sanatorium.—Dep. med. supt., £500.

Manchester, Booth Hall Hospital for Children.—R.S.O., £400.

Mildmay Mission Hosp., Austin Street, Bethnal Green, E.2.—Asst. cas. O., at rate of £140.

Reading, Royal Berkshire Hosp.—Res. H.S.'s, each at rate of £150.

Rochdale County Borough.—Jun. res. M.O. for Birch Hill Hosp. at rate of £225.

Royal Free Hosp., Gray's Inn Road, W.C.1.—Hon. asst. surgeon to orthopædic dept., hon. asst. surgeon to ophth. dept.; two res. cas. O.'s, each at rate of £150, also dist. obstet. asst., at rate of £100.

Staffordshire County Council.—Asst. M.O. for maternity and child welfare, £600.

Stockport County Borough.—Deputy M.O.H., £750.

Taunton, Taunton and Somerset Hosp.—H.P. and H.S., each £125.

Worcester County and City Mental Hosp., Powick.—Asst. M.O., £350. Also locum tenens M.O., £7 7s. per week.

The Chief Inspector of Factories announces a vacancy for an examining surgeon at Lincoln.

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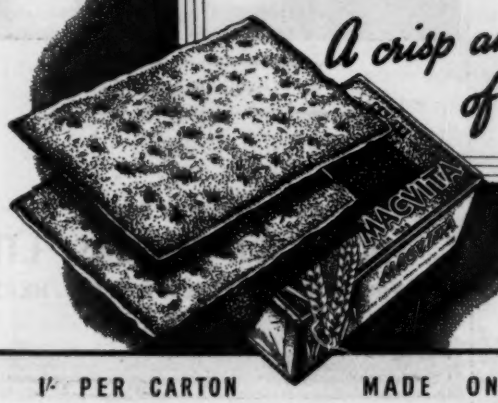

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● FOR THE RAPID CONTROL OF HÆMORRHAGE

T.C.M. Dressings provide a new method of effectively and speedily controlling hæmorrhage.

The Dressings are treated with Thrombin-Coagulant-Maw—a stable preparation of Thrombin, the natural clotting agent of blood—which anticipates the formation of Thrombin in normal shed blood so that clotting commences in a few seconds.

T.C.M. Dressings are not expensive, they cost, in fact, only a trifle more than ordinary Dressings, but one of these dressings will do the work of perhaps several ordinary dressings, thus proving cheaper in the end and saving you valuable time.

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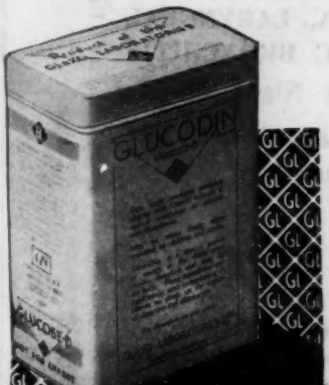

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PULMONARY PHTHISIS, EMPHYSEMA, LARYNGEAL CATARRH, and ACUTE and CHRONIC BRONCHITIS

A very soothing Linctus for irritating Night Coughs

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SEDATIVE

Formula

Campho Sulphonate of sparteine	6.0 grams
Campho Sulphonate of ephedrine	2.5 ,,
Extract of boldo	10.0 ,,
Extract of crataegus	20.0 ,,
Extract of salvia	10.0 ,,
Tincture of marrubium	10.0 ,,
Glycerine extract of thyroid (1 equals 1 of fresh gland)	0.10 ,,
Valerian	50.0 ,,
Hexamethylene-tetramine	10.0 ,,
Excipient q.s.	ad 1,000 c.c.

PRICE - 4/6 per 4 oz. bottle.
Sample and Literature on request.

Serenol is a sedative with action on the centres of the nervous vegetative system, sympathetic and parasympathetic, and on the cortical centres. Recent knowledge has shown the interaction of nervous vegetative system and endocrine system, and on this knowledge SERENOL is based. It is thus a biological, not a symptomatic, sedative, and, unlike many other sedatives, has not a direct depressant action on the cortical cerebral centres.

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NIGHT BLINDNESS

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In the milder cases of night blindness the most marked symptom will be delayed adaptation of vision on going from a well-lighted room to the outer darkness.

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Whatever the degree of night blindness Vitamin A is specific.

Both for the prevention and treatment of night blindness, Radiostoleum, a standardised solution of Vitamins A and D, is the product of choice, except in comparatively rare cases in which Vitamin D may be contra-indicated. In such circumstances Avoleum, a solution of pure Vitamin A, may be employed.

Radiostoleum and Avoleum are available as liquids and in capsules.

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Rstm/S/396

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The case of prostatic hypertrophy, that derived so much benefit from "Opocaps" Prostatic about five years ago, is still free from prostatic trouble. When the patient consulted me, he had been suffering from urinary difficulties and severe pain for several months and he soon reached a condition of complete retention. After catheterising him twice daily for about a month, I decided to employ "Opocaps" Prostatic and within fourteen days there was some improvement. At the end of a six weeks' course there was complete relief and the patient had no further trouble until about a year later, when there was a slight relapse, which was put right by only two weeks' treatment. Since then, about four years ago, he has suffered no urinary inconveniences.

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Mitte - sig. 1 t.d.s., a.c. Supplied in boxes of 50 or 100 capsules.

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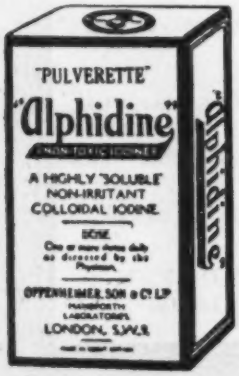

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is a new expectorant and sedative preparation, particularly suited to dry coughs, such as that of chronic bronchitis. Its carefully planned composition includes the juice of ripe black currants, an agent which is well known for its soothing effect on the pharynx, and which gives a distinctive, delicious flavour to the mixture.

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Liquid Ext. of Senega	m. 1	Menthol	.. gr. 1/150
Solution of Tolu ..	m. 5	Alcohol	.. m. 4
Codeine Phosphate ..	gr. 1/16	Black Currant Juice..	m. 10
Syrup of Wild Cherry ..	m. 6	Syrup to	.. 1 fl. dr.

In bottles of 2½ and 5 ozs., at 1/6 and 2/9.

DOSAGE—It is recommended that, for adults, one teaspoonful of Glycurrant Cough Linctus undiluted should be sipped slowly every 3 or 4 hours.

Descriptive literature and clinical trial sample will be sent on application.

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For the treatment of
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"'Phyllosan' has been before the profession now for fifteen years and has stood the test of time, and the developments indicated point to still greater usefulness for this product in the future."

Vide THE PRESCRIBER, Jan., 1938

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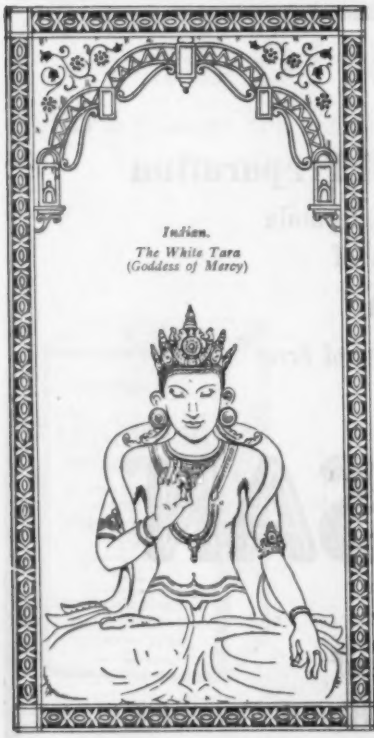

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For Gastric or Duodenal Ulcer

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"Alocol" allows of antacid therapy in a particularly effective, safe and reliable form, and replaces with advantage mixtures composed of sodium bicarbonate, magnesia, bismuth, etc. It does not determine any unpleasant secondary reactions, even when taken in strong doses and over a long period of time.

The powerful antacid effect of "Alocol" is more mechanical than chemical in nature. It acts by adsorbing excess of hydrochloric acid, thus facilitating its elimination. It promptly relieves pain, and being non-absorbable is free from toxic sequelæ.

Complete chemical history of "Alocol," with convincing clinical reports and supply for trial sent free to physicians on request.

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M262

For Effective Control of Pain

AMONG the many and diverse analgesics which have been evolved by modern chemical research, acetyl-salicylic acid retains its reputation as one of the safest and most effective. Its tendency to liberate salicylic acid—the irritant properties of which are well known to physicians—has, however, caused many to hesitate to employ it as widely as it deserves. Exhaustive trial in hospital and private practice proves that "Alasil" definitely solves the problem of administering acetyl-salicylic acid in an effective form, being free from the risk of irritating the stomach or bowels or of causing general reactions.

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In "Alasil" the desirable therapeutic effects of acetyl-salicylic acid are well exhibited by its calcium acetyl-salicylate moiety, while the presence of "Alocol" (Colloidal Hydroxide of Aluminium), a powerful gastric sedative and antacid, obviates any tendency to gastric irritation. The superior absorbability of "Alasil" over ordinary salicylate compounds and its freedom from the risk of liberating free salicylic acid in the stomach have been well proved by careful experimentation. "Alasil" can be prescribed with perfect safety to patients of all ages and in larger doses than ordinary salicylate compounds.

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ALASIL

M269

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A number of physicians are doubtless included in this category, and they are invited to write from their present address for supplies of Neuro Phosphates for their personal use.

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(ESKAY BRAND)

A palatable and efficient tonic

Each adult dose (two teaspoonfuls) contains in acid state :—

Sodium Glycerophosphate	2 grs.
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Strychnine Glycerophosphate	1/64 gr.

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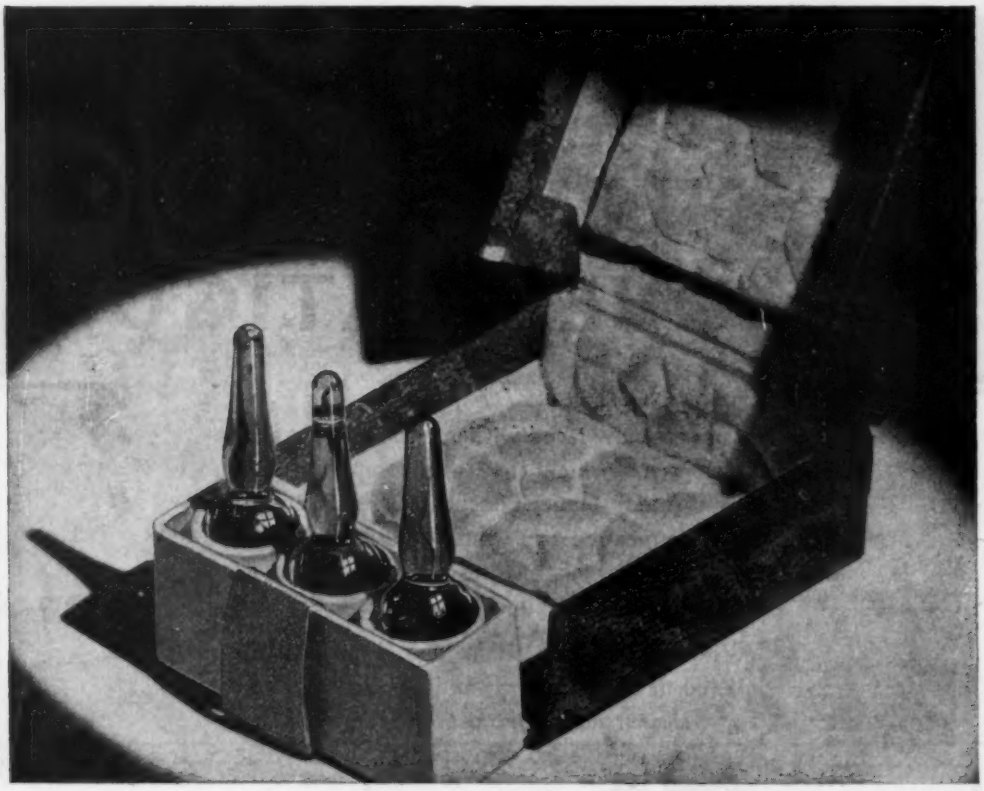

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Dose: 1 to 2 drachms diluted.

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Containing about 5% of Iodine, in a stainless non-irritating form, together with 5% Methyl Salicylate. Useful in the treatment of Enlarged Joints, Synovitis, Rheumatoid Affections, &c.

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A liquid preparation of the Hypnotic Barbitone or Diethyl-Barbituric Acid has long been desired as a useful means of procuring sleep. When given in reasonable doses it is claimed that it does not produce any toxic symptoms whatever, and in ordinary cases of insomnia one fluid drachm of Veronigen is quite sufficient dose for an adult.

Dose for Adults.—One fluid drachm diluted, about one hour before going to bed.
For Nervous Sleeplessness in Children.—10 to 20 minims diluted.

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A favourite and economical cough mixture, containing Hydrobromic Acid, Chlorodyne, Dilute Hydrocyanic Acid, &c. Most successful in allaying post-influenza coughs that are so persistent. One or two ounces diluted with water to make eight ounces forms one of the most effective and elegant mixtures that can be made, and certainly the least expensive.

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On account of the smaller number of surgeons available for civilian medical duties and the curtailment of hospital service, the suggestion of an operation for hæmorrhoids will be answered by a definite counter-suggestion for a postponement.

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These good effects are obtained without the use of narcotic, anæsthetic or analgesic drugs, for Anusol Suppositories contain no ingredient which masks the symptoms; the improvement that takes place is genuine.

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BRAND
HÆMORRHOIDAL SUPPOSITORIES

Anusol is also available in ointment form

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Increased Capacity for Physical and Mental Effort

'Benzedrine' Brand Tablets have been used with outstanding success in the treatment of depressive states and chronic nervous exhaustion. The medical literature on this one phase of 'Benzedrine' therapy includes some thirty articles published in leading journals of Great Britain, the United States of America and the Continent of Europe.

"In about 80 per cent. of the cases of chronic exhaustion or depression the immediate results were favorable, and in some instances spectacular, leading to complete relief of exhaustion, to marked exhilaration, and to increased capacity for physical and mental effort."

(*Proc. Staff Meet. Mayo Clinic*, 12 : 97, Feb. 17, 1937.)

"A sense of increased energy and capacity for work was noted in more than half of the cases (40). In addition a feeling of exhilaration and sense of well-being was a consistent effect. This followed repeatedly after the ingestion of the drug."

(*J.A.M.A.*, 108 : 528, Feb. 13, 1937.)

"Mild depression accompanied by retardation is the most favourable of all psychological disorders for benzedrine therapy. It has been found that these patients may be carried over periods of temporary disability by regular medication."

(*Brit. Med. Jour.*, 1 : 1013, May 15, 1937.)

Physicians are invited to write from their present address for samples and essential descriptive literature. All such requests should be personally signed.

'BENZEDRINE'

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TABLETS

Each tablet contains 5 mg. β-aminoisopropylbenzene sulphate (amphetamine sulphate)

Distributed by

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a complete, perfected system

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Physiological tests show that "Veguva" Foods are rich in the vitamins, easily assimilable organic iron and other important mineral salts which are essential to normal development and well-being and the prophylaxis of deficiency disorders.

"Veguva" is packed by methods which effectively conserve the product and prevent any deterioration.

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Veguva BRAND BABY FOODS

M295

VITAMIN B AND APPETITE

'L'APPETIT VIENT EN MANGEANT'

The lively satire and rollicking humour of François Rabelais tend to obscure much of the good sense that lies in his great work. It must not be forgotten, however, that he was a physician and doubtless well qualified to speak on dietary matters. But, doctor though he was, he could hardly have appreciated the full significance of the statement that appetite comes with eating; for it is only recently that it has been recognised that certain identifiable ingredients in the diet have a marked effect in stimulating the desire for food, quite apart from any question of its gastronomic quality.

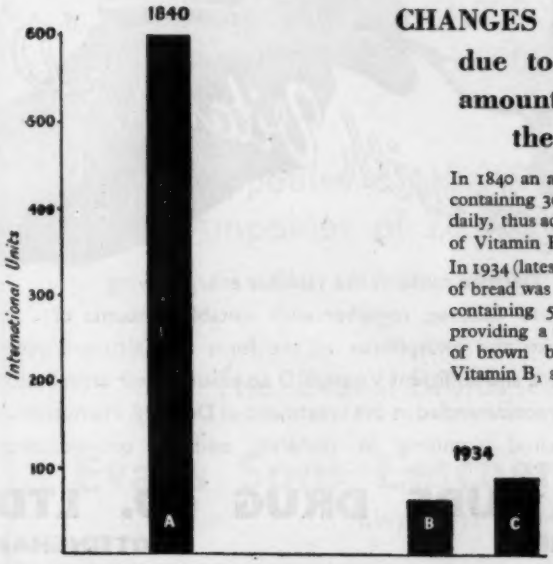
Vitamin B has a special influence in this way and some workers have gone so far as to state that its effect in preventing or curing anorexia is a specific one. Certainly the first detectable symptom of depriving men or animals of this Vitamin is a marked loss of appetite which disappears with striking rapidity when a supply of the Vitamin is available. It seems probable that the effect is an indirect one, and that the return of appetite is the result of the rapid correction of some underlying metabolic disturbance.

If loss of appetite be the first symptom of deficiency it follows that the lowered consumption of food which results from this may still further aggravate the lack of Vitamin and consequently a vicious circle may be set up, leading to chronic ill-health with all the symptoms which are often traceable to this cause. Such a circle can be broken by the regular administration of extra supplies of Vitamin B.

Many of the best known dietitians of to-day are agreed on the dangerously low content of the Vitamin B complex of the average diets of the people of this country, largely due to the extensive use of highly milled flour and other cereals. The position is made worse by the availability of cheap foods containing little or none of the protective substances, as well as the deplorable culinary habits whereby the bulk of the water-soluble Vitamins of vegetables are all too frequently poured down the sink.

François Rabelais (c. 1490-1553). M.D. Montpellier 1537.

The remedy for such a situation lies firstly in combating the popular ignorance of food values, and secondly in providing readily available sources of the missing Vitamins. It was with the latter end in view that Bemax was introduced, incidentally by a medical man. Bemax is the stabilised germ of wheat which is the richest natural source of Vitamin B_1 and contains besides this, Vitamins B_2, A and E and a valuable ration of mineral substances, including iron in *an available form*. The daily addition of Bemax to the diet forms a convenient and reliable source of Vitamin B_1 and is consequently an invaluable stimulant to the appetite of young and old.



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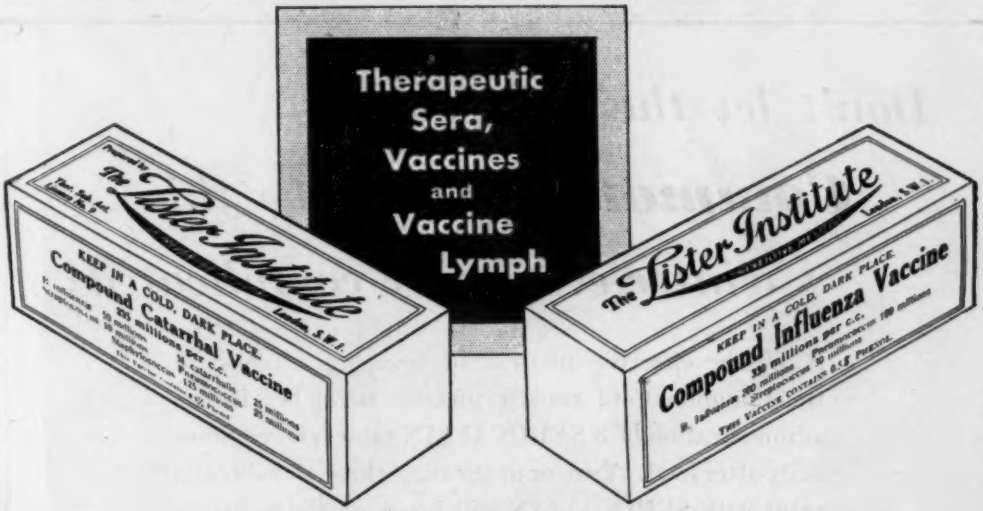

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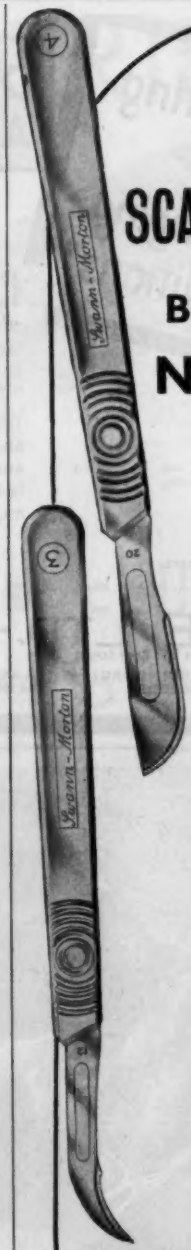

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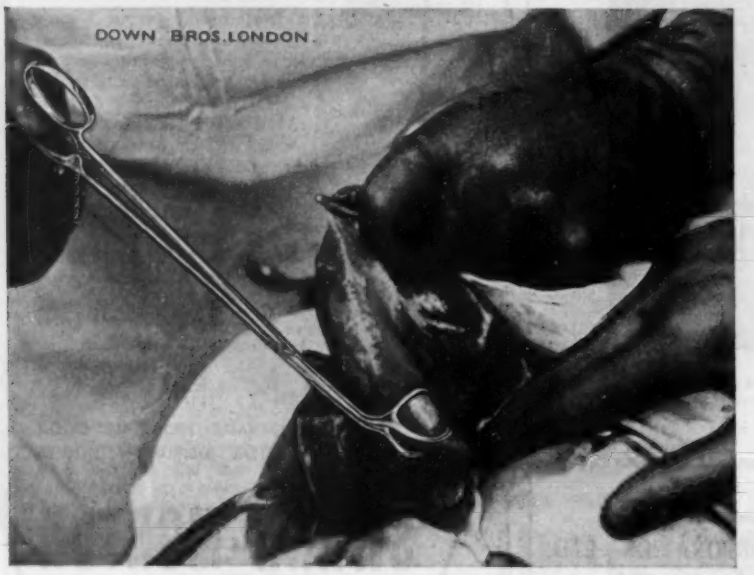

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For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

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Telegrams: "Allevisted, London." **Telephones: Rodney 2841 and 2842.**

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MASTERY OF MIDWIFERY

OF THE SOCIETY OF APOTHECARIES OF LONDON (M.M.S.A.)

In view of the present unsettled conditions, the Examination for the Mastery will not be held in November this year. The Examination next May will be held as usual if circumstances permit.

Regulations and forms of application for admission to the Examination may be obtained from THE REGISTRAR, Society of Apothecaries of London, Water-lane, Queen Victoria-street, E.C.4.

The Royal Cancer Hospital (Free)

(Incorporated under Royal Charter), Fulham road, London, S.W.3.

Applications are invited for post of HOUSE SURGEON, to commence duties on the 1st January, 1940. Candidates must be unmarried.

Salary at the rate of £100 per annum. The appointment is for six months and subject to rules, a copy of which can be obtained from the Secretary.

Applications, to be made on a form which will be supplied by the Secretary, with copies only of not more than three testimonials, to be sent to the Secretary not later than the first post Wednesday, 8th November, 1939.

CLEMENT COBBOLD, Secretary.

Stoke-on-Trent Corporation.

LONDON ROAD HOSPITAL.

SENIOR RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited from registered Medical Practitioners for the appointment of Senior Assistant Medical Officer (resident) at the London-road Hospital, Stoke-on-Trent, at a salary of £350 per annum, rising by annual increments of £25 to a maximum of £450 per annum, together with board, residence, laundry, &c. All fees received must be paid to the Corporation. Candidates must have had considerable hospital experience, and preference will be given to gentlemen holding a higher qualification in medicine. The Hospital comprises approximately 800 beds on a peace-time footing.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate must undergo medical examination before taking up duty. The appointment is subject to one month's notice on either side.

Applications, stating age, qualifications, and experience, accompanied by copies of not more than three recent testimonials, to be delivered to the undersigned not later than first post on Friday, 10th November, 1939.

E. B. SHARPLEY, Town Clerk.

Public Assistance Offices, Kingsway, Stoke-on-Trent.

The Nottingham Hospital for Women.

HOUSE SURGEON (Male or Female) required to commence duties on 1st December, 1939. Appointment for period of not less than six months. Salary at the rate of £150 per annum, with board, residence, and laundry. Previous hospital experience essential.

Applications, stating age, experience, and qualifications, accompanied by copies of three recent testimonials, to be sent forthwith to the Secretary, Mr. A. L. MORELL, Burton Buildings, Upper Parliament-street, Nottingham.

The Queen's Hospital for Children,
Hackney-road, E.2.

HOUSE PHYSICIAN required 1st December, 1939. CASUALTY OFFICER required 1st December, 1939. Six months' appointment in each case. Salary at rate of £100 per annum, with board, lodging, and laundry.

Candidates must be prepared to participate in Emergency Hospital Scheme in connexion with which 100 emergency beds have been established.

Applications must be made on forms to be obtained from the undersigned, and be sent in, with copies of not more than three testimonials, on or before 20th November, 1939.

CHARLES H. BESSELL, Secretary.

Oldham Royal Infirmary,
(183 Beds. 4 House Surgeons.)

Applications are invited from qualified Medical Men and Women for the combined post of HOUSE SURGEON to the EYE AND EAR, NOSE AND THROAT DEPARTMENT and HOUSE PHYSICIAN.

Appointment is for six months.

Salary at the rate of £175 per annum, with board, residence, and laundry.

Applications, stating age, experience, and qualifications, together with copies of three recent testimonials to be forwarded to the undersigned not later than the 18th November, 1939.

F. W. BARNETT, General Superintendent and Secretary.

Manchester Royal Infirmary.

BARNES CONVALESCENT HOSPITAL.

(1) HOUSE PHYSICIAN (Resident).
(2) HOUSE SURGEON (,,).

The Board of Management of the Manchester Royal Infirmary invite applications for the above posts now vacant.

The Barnes Convalescent Hospital is being converted into a hospital to deal with acute cases for the period of the emergency, and will be administered as an adjunct to the Manchester Royal Infirmary.

Applicants must hold a Medical and Surgical qualification and be registered and have held similar hospital appointments.

The appointments are for six months, renewable for a further period of six months, subject to the provisions of the bye-laws as to notice, &c. Salary at the rate of £150 per annum, with board-residence and allowance for laundry.

Applications, stating age, to be sent to the Chairman of the Medical Board not later than 9 A.M. on the 15th November, 1939.

By Order,
F. J. CABLE, General Superintendent and Secretary.
30th October, 1939.

Monmouthshire County Council.

LYDIA BEYNON MATERNITY HOSPITAL, NEWPORT, MON. (25 Beds.)

RESIDENT MEDICAL OFFICER AND ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE (FEMALE).

Applications are invited from unmarried qualified Medical Practitioners (Females), with recent special obstetric experience, for the appointment of Resident Medical Officer and Assistant Medical Officer for Maternity and Child Welfare at the Council's new Maternity Hospital (25 Beds). The officer appointed will also have medical charge of certain ante-natal and infant welfare clinics, and experience in these and the possession of the D.P.H. and D.R.C.O.G. will be additional qualifications.

The salary will be £450 per annum, rising by annual increments of £25 to £550, plus emoluments valued for superannuation purposes at £150 per annum.

The successful candidate will be required to act under the direction and supervision of the County Medical Officer and to devote whole time to the service of the County Council.

A Schedule of the duties to be performed, together with Conditions of Appointment and a Form of Application, can be obtained from the undersigned, to whom applications, accompanied by copies of not more than three recent testimonials, are to be sent by the 18th November, 1939.

D. ROCYN JONES, County Medical Officer.
The County Hall, Newport, Mon., 27th October, 1939.

County of Lincoln—Parts of Kesteven.

DEPARTMENT OF THE MEDICAL OFFICER OF HEALTH. CIVIL DEFENCE SERVICES.

Applications are invited from qualified Medical Practitioners for the appointment of a TEMPORARY ASSISTANT MEDICAL OFFICER at a salary of £800 per annum.

The gentleman appointed will assist the Medical Officer of Health with the control and administration of the Civil Defence Medical Services, and in the other duties of the Department.

Applications, giving full details of age, qualifications, and experience, should be forwarded not later than 7th November, 1939, to the undersigned.

W. T. PHIPPS, Clerk of the County Council.
County Offices, Sleaford.

The Urban District Council of
CASTLEFORD.

APPOINTMENT OF MEDICAL OFFICER OF HEALTH.

Applications are invited from registered Medical Practitioners, holding the Diploma in Public Health or its equivalent, for the above-named whole-time appointment, which will be subject to the provisions of the Sanitary Officers' (Outside London) Regulations, 1935, and the Local Government Act, 1933.

The salary attached to the post is £800 per annum, advancing, subject to satisfactory service, by annual increments of £25 to a maximum of £950 per annum, together with an allowance for travelling expenses of £50 per annum. Office accommodation and any necessary clerical assistance will be provided.

The candidate must not be more than forty-five years of age. He will be required :—

(a) to reside in Castleford or within such distance therefrom as may be approved ;
(b) to perform all the duties imposed on a Medical Officer of Health by the relevant Acts and Orders ;
(c) to perform such other public health duties, not being incompatible with the above, as the Urban Council may decide upon ;
(d) to undertake such additional duties in the future as may be necessary to give effect to arrangements made by the West Riding County Council under Section III of the Local Government Act, 1933, and also duties in connection with the Air-Raid Precautions Act, 1937.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and to the successful candidate passing a medical examination as to his physical fitness.

Applications, stating age, qualifications, and experience, on prescribed forms which may be obtained from the undersigned, and accompanied by not more than three recent testimonials, must be delivered to the undersigned not later than first post on Friday, 24th November, 1939.

W. E. S. BARNES, Clerk of the Council.
Town Hall, Castleford, 26th October, 1939.

Hull Corporation Health Department.

ANLABY ROAD INSTITUTION (HOSPITAL).
(580 Beds.)

MALE ASSISTANT MEDICAL OFFICER.

Applications are invited for the above appointment from duly qualified Men under the age of forty years.

Salary £350 per annum, rising by annual increments of £25 to £450 per annum, together with an allowance at the rate of £150 per annum for board and residence outside the hospital.

As the appointee will be required to work mainly in the Medical Wards, preference will be given to candidates with higher degrees and special post-graduate experience in General Medicine.

The hospital is equipped with modern X Ray and Radium Departments.

The appointment will be designated under the Local Government Superannuation Act, 1937.

Applications, on forms to be obtained from the Medical Officer of Health, Guildhall, Hull, must be returned not later than 10 A.M. on Monday, 13th November, 1939.

Birmingham and Midland Hospital for
WOMEN.

HOUSE SURGEON (Man or Woman) wanted for six months from 1st January, 1940. Salary to be at the rate of £100 per annum.

Applications, with full particulars and copies of testimonials, to be sent not later than 17th November to HUGH C. ASTON, 45, Newhall-street, Birmingham 3.

Boston General Hospital.
(70 Beds.)

RESIDENT MEDICAL OFFICER required to commence duty 1st December, 1939. Salary £150 per annum, with board, residence, and laundry. The appointment is for six months, and is renewable.

Applications, stating age, qualifications, and previous experience, together with copies of three recent testimonials, should be addressed to the Secretary.

The King Edward VII
WELSH NATIONAL MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners for the post of ASSISTANT RESIDENT MEDICAL OFFICER (Male or Female) at the Glan Ely Hospital (196 beds for pulmonary and surgical tuberculosis in men, women and children), Fairwater, near Cardiff.

Salary £200 per annum, plus maintenance.

The appointment is limited to a period of twelve months.

Applications, stating age, qualifications, and experience, together with copies of three recent testimonials, should reach the undersigned not later than Wednesday, November 15th, 1939.

D. A. POWELL, Principal Medical Officer.
Cathays Park, Cardiff.

The Guest Hospital, Dudley.

(General Hospital. 139 Beds.)
The Resident Staff consists of a Resident Surgical Officer and Three House Surgeons.

HOUSE SURGEON (Male) required. Duties to commence 1st December, 1939. Salary at the rate of £150 per annum, with furnished apartments, board, and laundry. Candidates must be fully qualified and registered.

Applications, stating age, qualifications, and experience, accompanied by copies of testimonials, to be sent to the undersigned.

H. RAYMOND HURST, House Governor and Secretary.

27th October, 1939.

The Prince of Wales's Hospital,

Greenbank-road, PLYMOUTH.
(Formerly the South Devon and East Cornwall Hospital.)
(264 Beds.)

Applications are invited for the post of HOUSE SURGEON Salary £120 per annum, with board, residence, and laundry.

Appointment is tenable for six months and is subject to renewal. Duties to commence 5th December.

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England.

Applicants must be registered under the Medical Acts and be members of either the Medical Defence Union or the London Counties Medical Protection Society.

Applications, stating age and qualifications, with copies of three recent testimonials, to reach the undersigned by 20th November, 1939.

ARTHUR R. CASH, General Superintendent.

30th October, 1939.

Royal Halifax Infirmary.

Hospital recognised by the Royal College of Surgeons (England).

Wanted, a RESIDENT SURGICAL OFFICER (Male, unmarried). Candidates must be duly qualified and registered. Preference will be given to candidates holding higher qualifications. The appointment will be for a period of twelve months. Salary, including all services required in connection with Paying Patients' Ward, £250 per annum, with residence, board, and laundry. The Resident Staff consists of Resident Surgical Officer, House Physician, and three House Surgeons. The Hospital contains 250 beds, including Maternity Department, and Paying Patients' Block. There is also a Pathological Laboratory and a large Eye, Ear, Nose, and Throat Department, Radiological Department, and Radium Clinic.

Particulars of the duties may be obtained from the undersigned, to whom applications, stating age, nationality, &c., together with testimonials should be sent.

A. MIDGLEY, Secretary.

30th October, 1939.

Administrative County of West Sussex.

APPOINTMENT OF COUNTY MEDICAL OFFICER.

Applications are invited from duly qualified persons under the age of forty-two for the appointment of County Medical Officer and School Medical Officer for the Administrative County of West Sussex at an inclusive salary of £1300 per annum, rising by annual increments of £50 to a maximum of £1500 per annum.

Candidates must possess the qualifications prescribed by Section 103 (2) of the Local Government Act, 1933. The person appointed will be required to devote his whole time to the service of the County Council, and to carry out such duties as the County Council may from time to time require of him.

The appointment will be subject to the provisions of Section 103 of the Local Government Act, 1933, and Part II of the Sanitary Officers' (Outside London) Regulations, 1935, and the Local Government Superannuation Act, 1937. So far as School Medical Officer is concerned, the appointment will be subject to the approval of the Board of Education.

The successful candidate will be required to pass a medical examination.

Applications, on forms to be obtained from the undersigned, accompanied by copies of not more than three recent testimonials, must be forwarded to reach the undersigned not later than 8th November, 1939.

T. C. HAYWARD, Clerk of the County Council.

County Hall, Chichester, 21st October, 1939.

Birmingham and Midland Hospital for

WOMEN.

HOUSE SURGEON (Man or Woman) wanted immediately for six months. Salary to be at the rate of £100 per annum.

Applications, with full particulars and copies of testimonials, to be sent not later than 11th November to HUGH C. ASTON, 45, Newhall-street, Birmingham 3.

Birmingham and Midland Eye Hospital.

(114 Beds.)

Applications are invited from duly qualified Medical Practitioners for the post of HOUSE SURGEON at the above Hospital.

Salary £130 per annum (rising to £150 at the end of six months' satisfactory service) and £10 laundry allowance.

The Resident Staff consists of a Resident Surgical Officer and three House Surgeons.

Applications, with testimonials, and evidence of registration, should be forwarded immediately to the undersigned.

H. H. JONES, House Governor.

Church-street, Birmingham 3.

Essex County Council.

BLACK NOTLEY SANATORIUM.

The County Council of the Administrative County of Essex invite applications for the undermentioned appointments at the Black Notley Sanatorium, near Braintree.

This Sanatorium has accommodation for the treatment of pulmonary and non-pulmonary tuberculosis in men, women, and children and possesses all modern facilities for diagnosis and treatment and a staff of visiting specialists.

SECOND ASSISTANT MEDICAL OFFICER. This appointment is limited to a period of four years. The salary will be at the rate of £350 per annum and will rise, subject to satisfactory service, by annual increments of £25 to £425 per annum, together with residential emoluments valued at £160 per annum. Applicants must have held a resident appointment in a general hospital.

JUNIOR ASSISTANT MEDICAL OFFICER. This appointment is for a period of one year and the salary will be at the rate of £250 per annum, together with residential emoluments valued at £160 per annum. Preference will be given to those candidates possessing experience in the treatment of surgical tuberculosis.

The successful applicants for the above appointments will be required to pass a medical examination and will be subject to the Council's Sick Pay Rules and Regulations, a copy of which will be forwarded on application.

Applications, stating age, qualifications, and experience, accompanied by copies of not more than three recent testimonials (which will not be returned), should be addressed to me and delivered at the County Hall, Chelmsford, not later than 10 A.M. on Thursday, the 9th November, 1939.

E. S. HOLCROFT, Clerk of the County Council.

County Hall, Chelmsford, 21st October, 1939.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of CASUALTY OFFICER AND SUPERNUMERARY HOUSE OFFICER. The appointment will be for six months from December 1st, 1939, but is terminable at an earlier date by one month's written notice on either side. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Monday, November 20th, 1939. J. A. BEARDSALL, Secretary-Superintendent.

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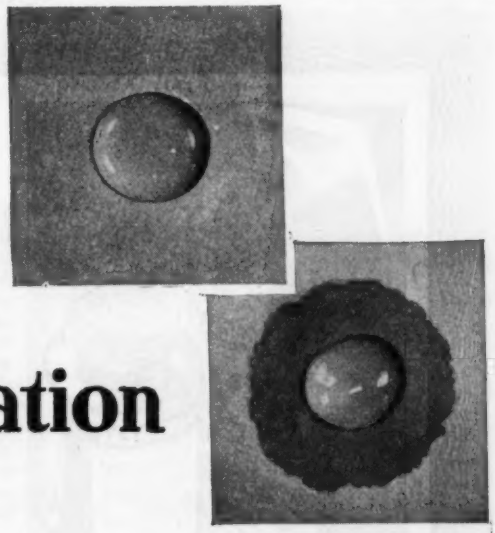

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[1] *British Medical Journal*, 1935, November 16th, p. 938.
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Also supplied for the Shock (Convulsive) treatment of Schizophrenia in 3 c.c. and 5 c.c. ampoules; boxes of 3 and 6 ampoules; 25 c.c. rubber-capped vials, and Phrenazol Powder, ¼ oz. bottles.

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The following extracts from actual case reports indicate the remarkable efficiency of Pepsac in the treatment of Pernicious Anæmia.

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The harassing conditions of the moment and the added strain of new responsibilities must inevitably lead to an increase in minor disorders of the Central Nervous System, characterised by anxiety, hysteria, and restlessness.

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Active against
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PERHAPS THE SPRATTS were under "doctor's orders." More likely, they were merely eccentric. In either case, they have a host of spiritual heirs, for poorly balanced diets are not confined to Mother Goose.

Many persons, necessarily, follow restricted therapeutic or slimming diets. Others follow self-imposed "beauty" or faddist diets. Still others eat poorly balanced meals because of personal likes and dislikes. In all such cases, the possibility of deficient intake, not only of one vitamin, but of several, must be considered.

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For the speedily effective treatment of these disturbances BYNIN AMARA is most useful. It contains quinine phosphate, iron phosphate, and alkaloids of nux vomica, in Bynin Liquid Malt.

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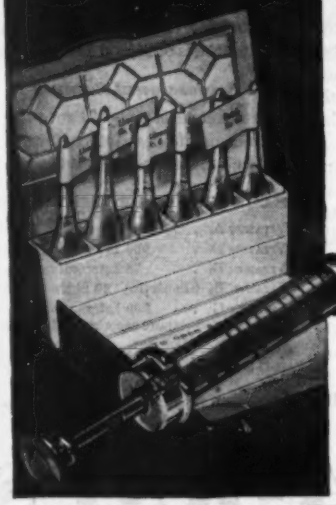

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Numerous reports show its success in functional nervous disorders with disturbance in nutrition. Bynogen contains the glycerophosphates of sodium, calcium, magnesium, and iron, soluble milk proteins, and soluble extract of malt and whole wheat. The large proportion of casein, besides the glycerophosphates, is a source of phosphorus. The mineral elements play important parts in metabolism.

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In gastro-intestinal disorders it is a primary consideration that the food should be light and unirritating. In gastric and duodenal ulceration and in the dyspepsias, Allenburys Beef Juice may safely and advantageously be given, where beef tea would often increase the pain and have a harmful effect. Because of its high protein and vitamin content it provides a valuable means of keeping up a patient's strength.

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Tasteless and odourless halibut-liver oil with additional vitamin D and concentrated orange juice.

One teaspoonful is equivalent in vitamins A and D to one teaspoonful of cod-liver oil, and in vitamin C to two teaspoonfuls of fresh orange juice.

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The wide range of therapeutic utility of this preparation will be at once apparent. Satisfactory potency in the three vitamins A, B, and D, of itself constitutes distinction in the field of vitamin preparations, and the additional feature of anti-anæmic value renders Irradex especially suitable for general tonic use.

INDICATIONS

Irradex is specially indicated for children or adults who are underweight, have little appetite, or who have not regained healthy vitality after some acute infection.

The moderate secondary anæmia which so frequently accompanies undernourishment or general debility is an indication for Irradex.

During pregnancy and lactation, or other periods of stress, Irradex is especially indicated. It may well be prescribed for its nutritive effect in convalescence from operations.

Irradex is supplied in containers of approximately 1 lb., 2½ lbs. and 7 lbs.

DOSAGE

For Children:
½ to 1 teaspoonful.

For Adults:
1 dessertspoonful.

These doses may be repeated three times a day.

FORMULA

Each fluid ounce represents:

*Vitamin A .....16,500 International units

*Vitamin D ..... 5,500 International units

Vitamin B Extract { 75 International units, B_1; 17 Sherman units, B_2

Iron and Ammonium Citrate..... 4grs.

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In a palatable base containing Malt Extract.

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Capsules in tins: 25, 2/6; 100, 7/6; 500, 30/6; 1,000, 56/-

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A capsule a day from now until May

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For the treatment of conditions
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HIGH BLOOD PRESSURE

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a synergistic combination of the active principles of Viscum Album (Mistletoe) with hepatic and pancreatic extracts.

HYPOTENSYL has a double therapeutic action: it effectively lowers blood pressure and affords early relief of hypertensive symptoms, headache, vertigo, and tinnitus.

In cases of essential hypertension or benign hyperpiesia it accentuates the benefit obtained from controlled diet and rest, and gives good results in the treatment of high blood pressure due to fibrotic kidney, or accompanying pregnancy.

Supplied in bottles of 50, 250, 500, & 1000 tablets

Prescribe 3 to 6 tablets daily, half an hour before meals, in courses lasting two or three weeks, with a week's interval between.

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(Sulphanilamide Evans)

For the Chemotherapy of Bacterial Infections

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3. Streptocide Solution. Containing 2½% Streptocide in a non-toxic solvent
4. Streptocide Ointment
5. Streptocide Cream. The Ointment and Cream contain in solution 5% Streptocide. The base used is non-toxic and neutral

INDICATIONS

1. Tablets, Powder and Solution

Endocarditis (Acute) when due to Hæmolytic Streptococci
Erysipelas
Mastoiditis
Meningococcal Meningitis
Otitis Media
Peritonsillitis. (Quinsy)
Phlegmonous Tonsillitis
Post Operative and Traumatic Streptococcal Septic Wounds
Puerperal Septicæmia
Puerperal Thrombophlebitis
Scarlet Fever
Septicæmia following Abortion
Streptococcal Empyema
Streptococcal Meningitis
Streptococcal Peritonitis
Streptococcal Pharyngitis
Streptococcal Purulent Arthritis
Tonsillitis

Recent authoritative reports supply ample evidence also of the great value of Streptocide in B. coli and gonococcal infections of the genito-urinary tract

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Packages

Tablets 0.25 grm. and 0.5 grm.	Bottles of 25, 100, 250, 500, 1,000 and 5,000
Powder	Boxes of 12 x 0.25 gramme powders ,, ,, 12 x 0.5 gramme powders Bottles of 1 oz., 4 oz. and 1 lb.
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Ointment	In 2-oz. and 1-lb. containers
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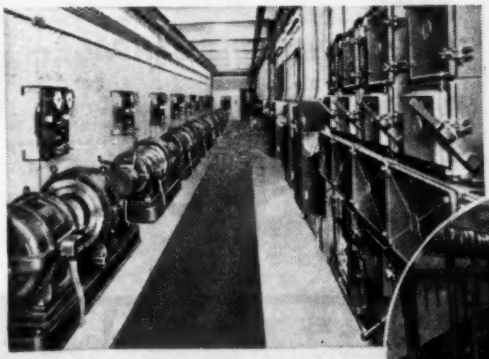

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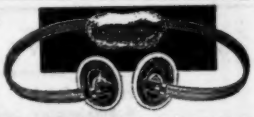

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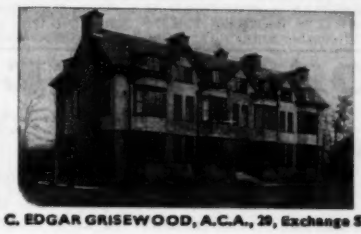

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For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

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This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.

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Further particulars on application

Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.
Tel. No.: T. W. 595.

RUSSELLS

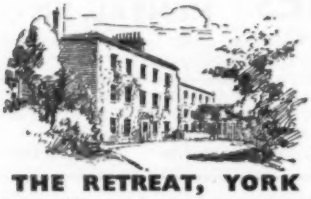
Hemel Hempstead Road,

WATFORD

Telephone: WATFORD 5917

A convalescent home for the care and treatment of mild and recoverable nervous conditions in both sexes. The house is situated high up in 40 acres of grounds, 17 miles from London, at the termination of the Watford by-pass. One medical officer is in residence, and two others are in daily attendance. Fees from ten guineas a week, inclusive.

Apply: RESIDENT MEDICAL OFFICER.



THE RETREAT, YORK

The Pioneer Hospital for the humane treatment of those suffering from Nervous and Mental Disorders, opened 1796.

This Hospital, administered by a Committee of the Society of Friends, combines what is best in the newer methods of investigation and treatment of nervous and mental illness with a sympathetic and friendly atmosphere.

The hospital, of 200 beds, admitted last year 110 patients, of whom 79 entered on a voluntary basis. It cannot be too widely known that much curative work is accomplished in modern mental hospitals today, and it is not generally appreciated that the recovery rate compares very favourably with that of General Hospitals.

For information and terms of admission, apply to

THE PHYSICIAN SUPERINTENDENT

Dr. Arthur Pool.

The Princess Beatrice Hospital,

Earl's Court, London, S.W.5.

(General Hospital.)

Two RESIDENT MEDICAL OFFICERS (Male or Female) required for a period of six months as from 1st January, 1940. The following details apply to both posts:—

Salary to be in accordance with E.M.S. Scale (provided the appointment is acceptable to the Authorities), with board, residence, and laundry. Previous resident experience desirable but not essential.

Full details may be obtained from the Secretary to whom applications, together with copies of three recent testimonials, should be sent not later than the first post, November 27th, 1939.

The Radcliffe Infirmary, Oxford.

Applications are invited for the following posts which become vacant on December 1st, 1939:—

One HOUSE PHYSICIAN.

One HOUSE SURGEON.

Both Resident Medical Officers will have some anæsthetic duties to perform.

The House Surgeon will also be responsible for some Casualty duties.

Appointments for six months, with salaries at the rate of £100 per annum, with board, etc.

Candidates must be male and qualified.

Applications, with four copies of three testimonials, to be sent to the undersigned on or before Monday, November 20th, 1939.

A. G. E. SANCTUARY, Administrator.

November, 1939.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
M.S. (Lond.), 1901-38 (including 4 Gold Medallists) ..	24
M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.) ..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.) ..	704

M.D. (various), by Thesis. Many Successes.

D.O.M.S., D.L.O., D.P.M., &c. Many Successes.

MEDICAL PROSPECTUS (47 pages),

sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited from duly qualified registered Medical Men or Women for the half-time post of REGISTRAR in the EAR, NOSE, AND THROAT DEPARTMENT. Preference will be given to candidates with the Fellowship of England, Edinburgh or the D.L.O. qualification. Intending candidates should submit applications, stating age and accompanied by copies of three recent testimonials, to the undersigned (from whom all information may be obtained) on or before the 18th November. Honorarium £100 per annum. Duties to commence at once.

RICHARD T. BARTLEY, Secretary.

The Queen's Hospital for Children,

Hackney-road, E.2.

HOUSE PHYSICIAN required 1st December, 1939. CASUALTY OFFICER required 1st December, 1939. Six months' appointment in each case. Salary at rate of £100 per annum, with board, lodging, and laundry.

Candidates must be prepared to participate in Emergency Hospital Scheme in connexion with which 100 emergency beds have been established.

Applications must be made on forms to be obtained from the undersigned, and be sent in, with copies of not more than three testimonials, on or before 20th November, 1939.

CHARLES H. BESSELL, Secretary.

Lancashire County Council.

APPOINTMENT OF ASSISTANT COUNTY MEDICAL OFFICER.

The Lancashire County Council invite applications from registered Medical Practitioners for the post of Assistant County Medical Officer.

Candidates must possess a Diploma in Public Health, and preference will be given to those under forty years of age.

The duties of the post include the Medical Inspection of school-children, Maternity and Child Welfare Work, general Public Health Work, and such other duties as may from time to time be imposed by the County Council.

The candidate appointed will be required to devote his whole time to the service of the County Council, to pass a medical examination, and to contribute to the Council's Superannuation Fund. The salary will be £800 a year, rising, subject to satisfactory service, by annual increments of £50, to a maximum of £1000 a year, together with travelling expenses.

The successful candidate may also be required to act as Medical Officer of Health of one or more County Districts in which case certain alterations in the conditions of service would be necessary.

Applications must be made upon a form which can be obtained, together with further particulars, from the County Medical Officer of Health, School Medical and Child Welfare Department, County Offices, Preston, to whom the completed forms should be returned not later than the 25th November, 1939. All communications must be endorsed "Assistant County Medical Officer."

Any form of canvassing is strictly forbidden and will disqualify.

GEORGE ETHERTON, Clerk of the County Council.

County Offices, Preston, November, 1939.

HIS MAJESTY'S COLONIAL SERVICE

THE COLONIAL MEDICAL SERVICE

Before the end of the year the Secretary of State for the Colonies proposes to select a limited number of Medical Officers for Service mainly in Tropical Africa. They will be required to attend a course of instruction in Tropical Medicine and Hygiene commencing in January before proceeding overseas.

Qualifications: Applicants, who must be British subjects of European parentage and under thirty-five years of age, must be fully qualified.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 8, Buckingham Gate, London, S.W.1.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of HOUSE PHYSICIAN. The appointment will be for six months from January 1st, 1940, but is terminable at an earlier date by one month's written notice on either side. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, November 22nd, 1939.

J. A. BEARDSALL, Secretary-Superintendent.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of RESIDENT ANÆSTHETIST AND EMERGENCY OFFICER. The appointment will be for three months from January 1st, 1940. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, November 22nd, 1939.

J. A. BEARDSALL, Secretary-Superintendent.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of CASUALTY OFFICER AND SUPERNUMERARY HOUSE OFFICER. The appointment will be for six months from December 1st, 1939, but is terminable at an earlier date by one month's written notice on either side. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Monday, November 20th, 1939. J. A. BEARDSALL, Secretary-Superintendent.

Boston General Hospital.

(70 Beds.)

RESIDENT MEDICAL OFFICER required to commence duty 1st December, 1939. Salary £150 per annum, with board, residence, and laundry. The appointment is for six months, and is renewable.

Applications, stating age, qualifications, and previous experience, together with copies of three recent testimonials, should be addressed to the Secretary.

The Prince of Wales's Hospital,

Greenbank-road, PLYMOUTH.

(Formerly the South Devon and East Cornwall Hospital.)

(264 Beds.)

Applications are invited for the post of HOUSE SURGEON. Salary £120 per annum, with board, residence, and laundry.

Appointment is tenable for six months and is subject to renewal. Duties to commence 5th December.

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England.

Applicants must be registered under the Medical Acts and be members of either the Medical Defence Union or the London Counties Medical Protection Society.

Applications, stating age and qualifications, with copies of three recent testimonials, to reach the undersigned by 20th November, 1939.

ARTHUR R. CASH, General Superintendent.

30th October, 1939.

Kent Education Committee.

SCHOOL MEDICAL SERVICE.

DENTAL SURGEON.

Applications are invited from qualified candidates, not more than forty years of age, for the post of Dental Surgeon.

The successful candidate will be required to devote his whole time to the duties (which include the treatment of school-children, children under school age, and expectant and nursing mothers), and will work under the supervision of the School Medical Officer. He will be expected to reside in the area allocated to him.

Salary £500 a year, increasing by annual increments of £10 to £550 a year, together with travelling and subsistence allowances.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and is terminable by three months' notice on either side. The successful applicant will be required to pass a medical examination as to physical fitness.

Applications, stating age and full qualifications, accompanied by copies of three recent testimonials, must be forwarded to the undersigned not later than 27th November, 1939.

No form of application will be issued. Canvassing is a disqualification.

CONSTANT PONDER, M.D., School Medical Officer.

County Hall, Maidstone.

Children's Hospital, Nottingham.

Applications are invited for the post of RESIDENT HOUSE SURGEON (Woman). The salary will be at the rate of £150 per annum, with apartments, board, and laundry. The appointment will be for six months, duties to commence on the 1st January, 1940.

Applications, together with testimonials, stating age, qualifications, and experience, to be sent to the Honorary Secretary, 1, King John's Chambers, Bridlesmith-gate, Nottingham, on or before Tuesday, November 21st. Selected candidates will be required to attend at the Hospital for a personal interview.

Oldham Royal Infirmary.

(183 Beds.)

Applications are invited from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER (Male).

The appointment in the first instance will be for a period of twelve months, but could be renewed for a further period.

Duties to commence in January, 1940.

Salary at the rate of £400 per annum, with board, residence, and laundry.

Applicants must be Fellows of one of the Colleges of Surgeons, and must have had considerable experience in this capacity in a large General Hospital.

Applications, together with copies of three recent testimonials, to be addressed to The President, The Royal Infirmary, Oldham, not later than Thursday, the 30th November, 1939.

F. W. BARNETT, General Superintendent and Secretary.

City of Lincoln.

APPOINTMENT OF DEPUTY MEDICAL OFFICER OF HEALTH.

Applications are invited for the appointment of Deputy Medical Officer of Health. Salary £600–£25–£750.

Applications must be made on the prescribed form not later than 27th November, 1939.

Forms of application and further particulars of appointment may be obtained from the Medical Officer of Health, Beaumont Fee, Lincoln.

G. H. BANWELL, Town Clerk.

Corporation Offices, Lincoln, November, 1939.

Monmouthshire County Council.

LYDIA BEYNON MATERNITY HOSPITAL, NEWPORT, MON. (25 Beds.)

RESIDENT MEDICAL OFFICER AND ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE (FEMALE).

Applications are invited from unmarried qualified Medical Practitioners (Females), with recent special obstetric experience, for the appointment of Resident Medical Officer and Assistant Medical Officer for Maternity and Child Welfare at the Council's new Maternity Hospital (25 Beds). The officer appointed will also have medical charge of certain ante-natal and infant welfare clinics, and experience in these and the possession of the D.P.H. and D.R.C.O.G. will be additional qualifications.

The salary will be £450 per annum, rising by annual increments of £25 to £550, plus emoluments valued for superannuation purposes at £150 per annum.

The successful candidate will be required to act under the direction and supervision of the County Medical Officer and to devote whole time to the service of the County Council.

A Schedule of the duties to be performed, together with Conditions of Appointment and a Form of Application, can be obtained from the undersigned, to whom applications, accompanied by copies of not more than three recent testimonials, are to be sent by the 18th November, 1939.

D. ROCYN JONES, County Medical Officer.

The County Hall, Newport, Mon., 27th October, 1939.

The Urban District Council of CASTLEFORD.

APPOINTMENT OF MEDICAL OFFICER OF HEALTH.

Applications are invited from registered Medical Practitioners, holding the Diploma in Public Health or its equivalent, for the above-named whole-time appointment, which will be subject to the provisions of the Sanitary Officers' (Outside London) Regulations, 1935, and the Local Government Act, 1933.

The salary attached to the post is £800 per annum, advancing, subject to satisfactory service, by annual increments of £25 to a maximum of £950 per annum, together with an allowance for travelling expenses of £50 per annum. Office accommodation and any necessary clerical assistance will be provided.

The candidate must not be more than forty-five years of age. He will be required :—

(a) to reside in Castleford or within such distance therefrom as may be approved ;
(b) to perform all the duties imposed on a Medical Officer of Health by the relevant Acts and Orders ;
(c) to perform such other public health duties, not being incompatible with the above, as the Urban Council may decide upon ;
(d) to undertake such additional duties in the future as may be necessary to give effect to arrangements made by the West Riding County Council under Section III of the Local Government Act, 1933, and also duties in connection with the Air-Raid Precautions Act, 1937.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and to the successful candidate passing a medical examination as to his physical fitness.

Applications, stating age, qualifications, and experience, on prescribed forms which may be obtained from the undersigned, and accompanied by not more than three recent testimonials, must be delivered to the undersigned not later than first post on Friday, 24th November, 1939.

W. E. S. BARNES, Clerk of the Council.

Town Hall, Castleford, 26th October, 1939.

The King Edward VII WELSH NATIONAL MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners for the post of ASSISTANT RESIDENT MEDICAL OFFICER (Male or Female) at the Glan Ely Hospital (196 beds for pulmonary and surgical tuberculosis in men, women and children), Fairwater, near Cardiff.

Salary £200 per annum, plus maintenance.

The appointment is limited to a period of twelve months.

Applications, stating age, qualifications, and experience, together with copies of three recent testimonials, should reach the undersigned not later than Wednesday, November 15th, 1939.

D. A. POWELL, Principal Medical Officer.

Cathays Park, Cardiff.

City of Manchester.

CRUMPSALL HOSPITAL. (1400 Beds.)

The Public Health Committee invites applications from registered Medical Men for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above-named Hospital.

The salary for the appointment is £200 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service. The duties of the appointment are mainly of a medical nature.

The appointment will be made in the first instance for a period of six months, renewable for a further six months, but not renewable thereafter.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than 22nd November, 1939.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 6th November, 1939.

The Royal Gwent Hospital, Newport,

MON. (210 Beds.)

There is an Honorary Consultant Staff of 16 members. Six resident appointments ; two (*) of which are officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons. Reasonable surgical experience is available, subject to the ability of the Resident Officer.

Applications are invited for the following appointments commencing from 1st December, 1939 :—

*SENIOR HOUSE SURGEON. Salary £200 per annum. Previous hospital experience is essential.
CASUALTY OFFICER. Salary £175 per annum. Previous hospital experience is essential.
HOUSE PHYSICIAN. Salary £160 per annum.
SECOND HOUSE SURGEON. Salary £150 per annum.
*THIRD HOUSE SURGEON. Salary £150 per annum.
HOUSE SURGEON to FRACTURE AND ORTHOPÆDIC DEPARTMENT. Salary £150 per annum.

The appointments are for six months, subject to the provisions of the Rules as to notice. Board, residence, and laundry are provided.

Applications should be forwarded to the undersigned not later than Friday, 17th November, 1939, stating age, nationality, qualifications, and experience, together with copies of three recent testimonials.

Intending applicants should communicate as soon as possible to the Secretary-Superintendent, intimating their intention to apply for one of the posts, and should state whether, in the event of their not being selected for that particular appointment, they are willing to be considered for another resident appointment.

ALAN RUDDLE, Secretary-Superintendent.

The Hospital serves a large area and affords exceptional facilities for clinical experience ; it is 2½ hours by train from London.

Royal Victoria Infirmary, Newcastle-UPON-TYNE. (835 Beds.)

Applications are invited, as soon as possible, for the following posts :—

RESIDENT SURGICAL OFFICER (Male).

Candidates must be registered Medical Practitioners, duly qualified in Medicine and in Surgery, and must be Fellows of the Royal College of Surgeons of England.

The appointment is for one year and is renewable annually for a period not exceeding three years.

The rate of remuneration is £300 per annum.

THREE TEMPORARY WHOLE-TIME JUNIOR SURGICAL REGISTRARS.

Candidates must be registered in Medicine and in Surgery.

The rate of remuneration is £150 per annum.

THREE TEMPORARY WHOLE-TIME MEDICAL REGISTRARS.

Candidates must be registered in Medicine and in Surgery.

The rate of remuneration is £250 per annum.

Applications, with copies of not more than three testimonials, should be sent, as soon as possible, to the undersigned, from whom any further particulars may be obtained.

S. DUNSTAN, House Governor and Secretary.

4th November, 1939.

Manchester Victoria Memorial Jewish HOSPITAL, CHEETHAM.

(Non-Sectarian.) (102 Beds.)

Applications are invited for the following posts :—

JUNIOR HOUSE SURGEON AND CASUALTY OFFICER (Male). Salary £100 per annum.
RESIDENT MEDICAL OFFICER (Male). Salary £150 per annum.

Both appointments are for six months and include board, residence, and laundry.

Applications, stating age and qualifications, together with copies of three recent testimonials, to be sent to the undersigned not later than November 21st, 1939.

D. ROBERTS, Superintendent and Secretary.

City of Nottingham.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE WORK.

Applications are invited for the above post from Women Medical graduates experienced in practical midwifery and antenatal and infant welfare work.

The duties will be chiefly in the antenatal and infant welfare clinics under the administrative control of the Medical Officer of Health.

Salary £500, rising by annual increments of £25 to £700, plus a car allowance of £50 per annum.

The successful candidate will be required to submit to a medical examination and to reside within the City of Nottingham.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and will be terminable by one month's notice on either side.

Application forms may be obtained from the undersigned and must be returned to me not later than the 27th instant. Canvassing will be a disqualification.

J. E. RICHARDS, Town Clerk.

Guildhall, Nottingham, 6th November, 1939.

Lancashire County Council.
BIDDULPH GRANGE ORTHOPÆDIC HOSPITAL.

Applications are invited from duly qualified and registered Medical Practitioners (unmarried) for the following posts at the above Hospital, which contains 88 Beds:—

SENIOR HOUSE SURGEON.

Salary £250 per annum, together with board, residence, and laundry. Candidates must have had experience in a General Hospital. Preference will be given to candidates who have had orthopædic experience.

JUNIOR HOUSE SURGEON.

Salary £200 per annum, together with board, residence, and laundry. Preference will be given to candidates who have held resident hospital appointments, and who are competent anæsthetists.

Both appointments will be for a period of six months in the first instance, and for a further six months at the option of the Council, but will not be renewable after that time. Duties to commence 1st December.

Applications, with copies of two recent testimonials, should be sent not later than the 18th November, 1939, to Dr. F. Hall, School Medical and Child Welfare Department, County Offices, Preston.

GEORGE ETHERTON, Clerk of the County Council.

County Offices, Preston, November, 1939.

Montagu Hospital, Mexborough.
(120 Beds—3 Residents.)

Applications are invited for the combined post of RESIDENT HOUSE PHYSICIAN AND OBSTETRIC OFFICER (Lady), commencing salary £125 per annum, with the usual residential emoluments. The appointment, commencing 13th December, 1939, is for six months and is renewable.

Applications, stating age, nationality, qualifications, and experience, accompanied with copy testimonials, to be sent to the undersigned immediately.

A. LAYCOCK, Secretary-Superintendent.

The Staffordshire General Infirmary,
STAFFORD.

HOUSE SURGEON required to take up duties on the 1st December. Salary £175 per annum, with board residence. Experience in Fracture Work an advantage. The appointment to be held for at least six months.

Applications, stating age and giving particulars of experience, together with copies of three recent testimonials, should be sent to me forthwith.

A. E. COLLINS, Secretary.

Stafford, 10th November, 1939.

The King Edward VII Welsh National
MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners for the post of AREA ASSISTANT TUBERCULOSIS PHYSICIAN. The appointment is temporary and tenable for the duration of the war.

Commencing salary £500 per annum.

Preferably candidates should have had at least six months' special training in tuberculosis, with eighteen months' experience in general clinical work, of which six months should have been spent in a hospital not confined to the treatment of tuberculosis.

Knowledge of Welsh desirable.

Applications, stating age, qualifications, experience, &c., together with copies of three recent testimonials, should reach the undersigned not later than Tuesday, November 21st, 1939.

D. A. POWELL, Principal Medical Officer.

Memorial Offices, Cathays Park, Cardiff.

County Borough of Burnley.
MUNICIPAL GENERAL HOSPITAL.

JUNIOR RESIDENT MEDICAL OFFICER (Male).

Applications are invited from fully qualified Men for the position of Junior Resident Medical Officer at the Municipal General Hospital, Burnley, to take up duties on or about 5th December, 1939. The appointment will be for a period of twelve months.

Salary at the rate of £150 per annum for the first six months, £200 per annum for the second six months, plus full residential emoluments.

Applications, together with copies of testimonials, should be forwarded as early as possible to the Medical Officer of Health, St. James's-street, Burnley.

HARRY PLOWMAN, Town Clerk.

Town Hall, Burnley, 6th November, 1939.

The Chester Royal Infirmary.
(Normal Capacity, 225 Beds.)

Applications are invited for the following appointments, to take up duty on 1st December, 1939:—

HOUSE PHYSICIAN (Male). The appointment is approved for the purpose of the M.D. examinations of the University of London.

HOUSE SURGEON (Male). The appointment is approved in connection with the M.S. (London University) and F.R.C.S. (Eng.) examinations.

HOUSE SURGEON (Male) to the Orthopædic Department.

Salary £150 per annum, with board, lodging, and laundry.

Application list closes 23rd November, 1939.

Application forms may be obtained from:—

W. H. GRACE, M.D., F.R.C.P.,
Hon. Secretary, Medical Committee.

Cameron Hospital, West Hartlepool.
(86 Beds.)

HOUSE SURGEON (Male or Female) required to commence duties 30th November, 1939. Salary £150 per annum, with board, residence, and laundry.

Applications, stating age, nationality, and experience, together with copies of testimonials, should be sent to the undersigned as soon as possible.

C. S. KAY, Secretary.

Royal West Sussex Hospital,
CHICHESTER.
(114 Beds, including 12 Private Patients' Block.—Two Residents)

JUNIOR HOUSE SURGEON required on 1st December, 1939. Salary at the rate of £125 per annum, with board, residence, and laundry.

Applications should be sent to the undersigned immediately together with copies of not less than three recent testimonials, stating age, nationality, experience, and qualifications.

By Order of the Board of Management,
J. COXON INCE, House Governor and Secretary.

7th November, 1939.

The Robert Jones and Agnes Hunt
ORTHOPÆDIC HOSPITAL, OSWESTRY.
(Beds: Adults 240; Children. 120).

HOUSE SURGEON (Male) required to commence as soon as possible. Appointment for six months, with possibility of extension. Salary at the rate of £200 per annum, with board, residence, and laundry. Two weeks' holiday for each six months service.

Applications, stating age, qualifications, and experience, with copies of three recent testimonials, to be addressed to the Secretary-Superintendent, and to reach him not later than November 24th, 1939.

Manchester Royal Infirmary.

CHIEF ASSISTANT TO THE ORTHOPÆDIC UNIT (NON-RESIDENT).

The Board of Management invite applications from registered Medical Practitioners for the above appointment.

The duties will be concerned with the treatment of in-patients and out-patients, and require attendance on seven half-days per week.

The appointment is for twelve months, renewable for a further period. Salary £250 per annum.

Fifteen copies of applications (stating age) and testimonials to be sent to the undersigned by 9 A.M. on Thursday, 23rd November, 1939.

By order.

F. J. CABLE, General Superintendent and Secretary.

6th November, 1939.

Staffordshire County Council.

TEMPORARY ASSISTANT MEDICAL OFFICERS (Women).

Applications are invited from Medical Women for the above temporary posts during the war. Preference will be given to those who have held residential Hospital appointments, and who have the Diploma of Public Health.

The persons appointed will work under the direction of the County Medical Officer and the duties of the Officers will include School Medical and Maternity and Child Welfare Work.

The salary will be at the rate of £600 per annum, rising by annual increments of £50 to £800 per annum.

The appointments will be subject to three calendar months' notice on either side.

Forms of application may be obtained from the undersigned and should be returned by first post on the 23rd November, 1939, together with copies of not more than three testimonials.

H. L. UNDERWOOD, Clerk of the County Council.

County Buildings, Stafford, 6th November, 1939.

The Royal Liverpool Children's
HOSPITAL, Myrtle-street, LIVERPOOL, 7.

The Committee invite applications for the appointment, now vacant, of RESIDENT HOUSE SURGEON. The appointment will be for the period ending 31st March, 1940. Salary at the rate of £100 per annum.

Applications, with copies of recent testimonials, to be sent to the Secretary, Royal Liverpool Children's Hospital, Myrtle-street, Liverpool, 7, on or before Friday, 17th November, 1939.

Middlesex County Council.

JUNIOR ASSISTANT MEDICAL OFFICER (Resident) required at CENTRAL MIDDLESEX COUNTY HOSPITAL, Acton-lane, Willesden, N.W.10. Must be registered Medical Practitioner, preferably with medical experience, who has held resident appointment in a general hospital. Whole-time duties under Medical Superintendent. Salary £250 per annum, with board, lodging, and laundry. Appointment, subject to medical examination and one month's notice, is primarily for six months, but may be extended for a further six. Preservation of pension rights under certain Acts.

Written applications, stating age, qualifications, and experience, with copies of not more than three recent testimonials, to the undersigned by the 25th November. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE, "B3," Clerk of the County Council.

Guildhall, Westminster, S.W.1.

City of Manchester.

WITHINGTON HOSPITAL. (1165 Beds.)

The Public Health Committee invites applications from registered Medical Men for the position of RESIDENT ASSISTANT MEDICAL OFFICER in the tuberculosis wards at the Withington Hospital and Institution, Nell-lane, West Didsbury, Manchester, 20.

The wards contain approximately 170 Beds. They are used for the diagnosis and treatment of all types of pulmonary tuberculosis within the City.

The salary for the appointment commences at £350 per annum, and rises by annual increments of £25 to a maximum of £450 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than November 25th, 1939.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 6th November, 1939.

County Borough of Rotherham.

OAKWOOD HALL SANATORIUM.

ASSISTANT MEDICAL OFFICER.

Applications are invited from duly qualified Medical Practitioners (Male) for the post of Assistant Medical Officer. Candidates must be under thirty-five years of age, unmarried, and of British nationality. They must have held a resident hospital appointment (general) or have engaged in private practice. Previous experience in the treatment of tuberculosis, while being an additional qualification, is not regarded as essential.

The duties are those of Resident Medical Officer at Oakwood Hall Sanatorium (100 beds), together with other work as required at the Fever Hospital or in other departments. The post offers excellent opportunities for experience in all modern methods of diagnosis and treatment of tuberculosis.

The salary is £300 per annum, with board, residence, and laundry.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and is for one year, being terminable at any time by two months' notice on either side.

Forms of application may be obtained from the Medical Officer of Health, Municipal Offices, Rotherham, and must be returned to the undersigned, endorsed "Assistant Medical Officer, Oakwood Hall Sanatorium," not later than noon on Tuesday, 21st November, 1939.

Canvassing will be deemed a disqualification.

CHAS. L. DES FORGES, Town Clerk.

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City and County of Newcastle-upon-Tyne.

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Candidates must have held surgical house appointments and have had a reasonable amount of surgical experience.

The salary in respect of the appointment will be £550 per annum, with board, lodging, &c.

Applications, stating age and qualifications, together with copies of not more than three recent testimonials, must be submitted to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, 1, immediately.

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Applications, stating age, qualifications, and experience, accompanied by copies of testimonials, to be sent to the undersigned.

H. RAYMOND HURST, House Governor and Secretary.

27th October, 1939.

Hampshire.

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Applications are invited for the post of Assistant County Medical Officer and Medical Officer of Health of two County Districts.

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Applications, with copies of not more than three recent testimonials, upon a form which, with the conditions of appointment, may be obtained from the County Medical Officer, The Castle, Winchester, should be sent to him not later than 27th November, 1939. Canvassing is prohibited.

F. V. BARBER, Clerk of the County Council.

The Castle, Winchester, 6th November, 1939.

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By order.

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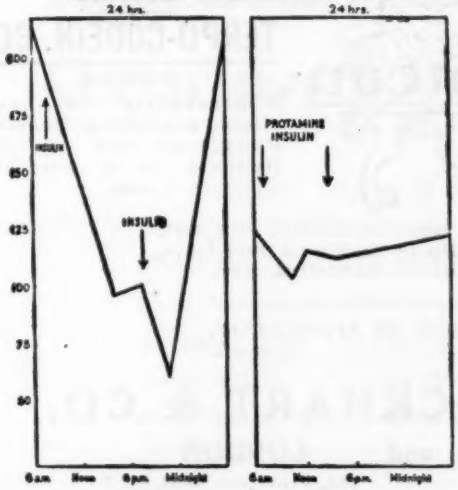

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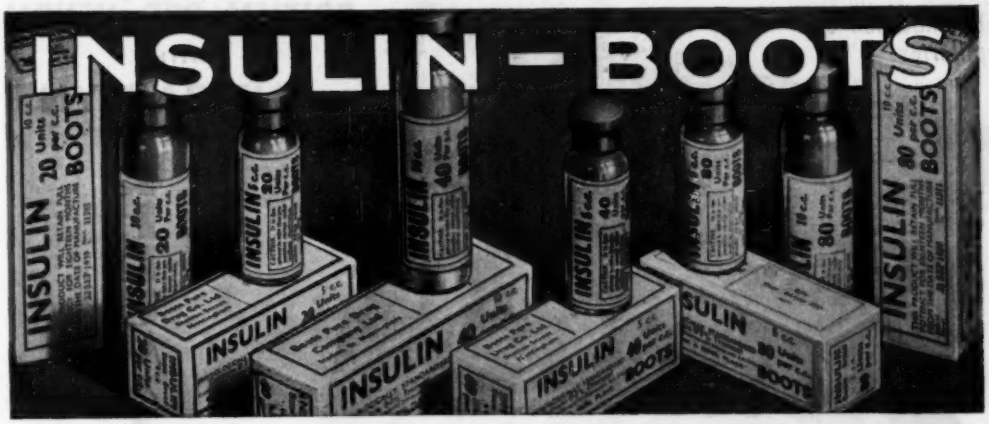
ALLEN & HANBURYS LTD.



One Quality only . . . the highest obtainable
Purity and Potency Guaranteed

Manufactured from selected pancreas glands under Licence No. 19, from the Ministry of Health, and tested in accordance with regulations made under the Therapeutic Substances Act, 1926.

Supplied as follows :—

20 units per c.c.	40 units per c.c.	80 units per c.c.
5 c.c., 10 c.c., and 25 c.c. vials	5 c.c. and 10 c.c. vials	5 c.c. and 10 c.c. vials

BOOTS PURE DRUG CO. LTD., STATION STREET, NOTTINGHAM

SEASONABLE PREPARATIONS

ELIXIR RIBES NIG. CO.
(DUNCAN)
A combination of Codeina Ipecac., Menthol, etc., flavoured with Syrup Ribes Nig., which is prepared from the finest fresh fruit.

Duncan

ELIXIR TERPO-CODEIN. CO.
(DUNCAN)
A pleasantly flavoured elixir, containing Codeina Phosphate and Terpin Hydrate in a suitable basis

THESE ELIXIRS ARE MOST SUITABLE FOR THE TREATMENT OF COUGHS IN CASES OF PHTHISIS, CHRONIC BRONCHITIS, CATARRH, ETC.

SAMPLES AND PRICES ON APPLICATION.

DUNCAN, FLOCKHART & CO.

EDINBURGH and LONDON
104, Holyrood Road, 8 — 155, Farringdon Road, E.C.1

Antibody stimulation with dilatation of capillaries

BRITISH - BEE - VENOM
WITH
ANTIBACSYN
FOR
RHEUMATISM

Combined course 25/8 net

The Laboratories
ANTIBODY PRODUCTS Ltd., Watford, Herts

The Oral Treatment of Ovarian Insufficiency

'Ovendosyn' contains the synthetic œstrogenic analogue stilbœstrol and is highly active when given by mouth. Additionally, it supplies calcium in a readily assimilable form, which is particularly advantageous in dysmenorrhœa and during the climacteric. In selected cases of amenorrhœa and infantilism, 'Ovendosyn' is also the drug of election.

Many of the clinical reports that have reached us since the introduction of 'Ovendosyn' stress the special benefits gained by giving stilbœstrol in conjunction with calcium phosphate. The mineral element has a beneficial effect on the general health and also tends to minimize the nausea that occasionally follows the use of stilbœstrol by itself.

'OVENDOSYN'

BRAND

TABLETS

Each tablet contains 0·5 mg. STILBŒSTROL and 227 mg. CALCIUM PHOSPHATE

Physicians are invited to write from their present address for professional samples

MENLEY & JAMES LTD., 123, Coldharbour Lane, S.E.5

Tel.: BRIxton 3087/6037

B.D.H. DIPHTHERIA ANTITOXIN

Superconcentrated

4000 UNITS PER C.C.

Available in ampoules of 10,000 units and 20,000 units.

By reason of its high concentration Superconcentrated Diphtheria Antitoxin issued by The British Drug Houses Ltd. is particularly suitable for injection in those cases in which large doses are necessary.

Literature on request

THE BRITISH DRUG HOUSES LTD. LONDON N.1

Telephone: Clerkenwell 3000 Telegrams: Tetradome Telex London

VS/S/15

ACRIFLAVINE PREPARATIONS
BOOTS

Referring to Acriflavine and related acridine compounds, it was stated (Brit. Med. J., 1937, ii, 1233) that—"These are the only substances which have been proved by controlled animal experiment to be capable of averting wound sepsis". Preparations of Acriflavine Boots and Neutral Acriflavine Boots are available in the form of Emulsion, Tablets, Solution Tablets, Medicated Gauze, Pessaries, Bougies, and Pigment.

BURNOL ACRIFLAVINE CREAM

A safe and potent antiseptic cream supplied in handy collapsible tubes ready for immediate application.

BOOTS PURE DRUG CO. LTD. STATION STREET, NOTTINGHAM

Maternal and Child Welfare

In the present emergency nutrition becomes a matter of paramount importance for all. But at all times it is of more than ordinary importance to expectant and nursing mothers and to children. Not only do they need a relatively larger quantity of vitamins than other members of the community, but vitamin deficiency for them is more injurious to health.

Marmite has long been recognised as a valuable protective food. It is rich in all the vitamins of the B complex, and, in addition, possesses potent anti-anæmic properties. Marmite is recommended and used in hospitals, welfare clinics and schools throughout the country, and its regular use ensures an adequate supply of these factors for the mothers and children.

MARMITE

for vitamin B complex

For sample and literature apply to:

THE MARMITE FOOD EXTRACT CO. LTD. - 35, Seething Lane - LONDON, E.C.3

Jars: 1-oz. 6d., 2-oz. 10d., 4-oz. 1s. 6d., 8-oz. 2s. 6d., 16-oz. 4s. 6d. Special terms for packs for hospitals and welfare centres.

3911

GLANOID

PROETHRON FORTE 1:100

AN EXTREMELY CONCENTRATED LIVER LIQUID FOR PARENTERAL ADMINISTRATION. THE HIGH CLINICAL POTENCY OF THIS SOLUTION ENABLES LARGE DOSES OF ANTI-ANAEMIC FACTOR TO BE GIVEN IN A MUCH REDUCED VOLUME AND AT LESS FREQUENT INTERVALS. EACH C.C. OF PROETHRON FORTE CONTAINS THE ERYTHROPOIETIC PRINCIPLE DERIVED FROM 100 GRAMS OF FRESH LIVER.

Supplied in 5 and 20 c.c. Rubber-capped Vials. Also ½ and 1 c.c. Ampoules.

OTHER LIVER PRODUCTS PREPARED BY THE ARMOUR LABORATORIES INCLUDE—

"GLANOID" CONCENTRATED FLUID EXTRACT OF LIVER.

"GLANOID" LIVER CONCENTRATE GLANULES (1 : 125).

"GLANOID" LIVER AND YEAST CONCENTRATE.

"FERROGLANOID" (LIVER EXTRACT WITH IRON) (GLANULES OR LIQUID).

Literature concerning the various "GLANOID" MEDICINAL PRODUCTS OF ANIMAL ORIGIN will be gladly sent on request to interested practitioners.

Telephone: NATIONAL 2424

THE Armour Laboratories (ARMOUR AND COMPANY LTD.)

ARMOUR HOUSE • ST. MARTINS-LE-GRAND • LONDON • E.C.1

Telegrams: "ARMOSATA-CENT" LONDON

The ideal form of Iodine for external use . .

"There is no virtue in 'Iodex' which is not inherent, though often latent, in iodine ; and there is no virtue in iodine which is not available—in an enhanced degree—in 'Iodex.'"

For thirty years physicians the world over have been proving the truth of this statement. "Iodex" conserves the vital qualities of the skin, and may be applied liberally even on mucous or extremely tender surfaces. In the treatment of wounds, burns and scalds, contusions, sprains, parasitic skin diseases, hæmorrhoids, glandular enlargements, and inflammatory conditions generally, "Iodex" has proved of unequalled value.

Physicians are invited to write from their present address for generous samples.

IODEX

IODINE OINTMENT

MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, LONDON, S.E.5

Tel.: BRIxton 3087/6037.

ASTHMA

IS PROMPTLY RELIEVED

by injections of

EVATMINE (B.O.C.)

A scientific combination of adrenalin and pituitary ext.

Supplied in boxes of 6 or 12 1 c.c. ampoules for hypodermic injection.

THIS PREPARATION is also successfully employed in :—
HAY FEVER, PERSISTENT COUGH, CROUP and other spasmodic affections, **URTICARIA, ANGIONEUROTIC ŒDEMA, CHILBLAINS, COLLAPSE** and **SHOCK**

Particulars of all Preparations supplied on request

BRITISH ORGANOTHERAPY CO. LTD.

22, GOLDEN SQUARE, LONDON, W.1.
Telephone: Gerrard 7111. Telegrams: "Lymphoid, London."
Agents in India: Smith, Stanistreet & Co., Ltd., Calcutta.

Tetanus Antitoxin (EVANS)

FOR HOSPITAL AND A.R.P. REQUIREMENTS

For prophylaxis		*For curative use*	
Ampoules of 1,000 I.U.	1/9 each.	Ampoules of 10,000 I.U.	12/- each.
„ „ 3,000 „	4/- „	„ „ 20,000 „	20/- „

Made in England at

The Evans Biological Institute

Evans Sons Lescher & Webb Ltd.

LIVERPOOL and LONDON

P.A.B.S.

(HEWLETT'S)

PARA—AMINO—BENZENE—SULPHONAMIDE

It has been conclusively proved that this preparation is of the greatest value in

PUERPERAL SEPSIS

and other diseases which are attributed to hæmolytic streptococci, such as ERYSIPELAS, TONSILLITIS, SCARLET FEVER, STREPTOCOCCAL INFLAMMATION OF THE THROAT AND TONSILS, AND STREPTOCOCCAL ARTHRITIS.

There is also evidence that P.A.B.S. (Hewlett's) is of value in MENINGITIS, B. COLI infections of the URINARY TRACT and GONOCOCCAL infections.

P.A.B.S. (Hewlett's) is supplied in 7½ grain (0·5 gramme) tablets.

PREPARED BY

C. J. HEWLETT & SON, LTD.,

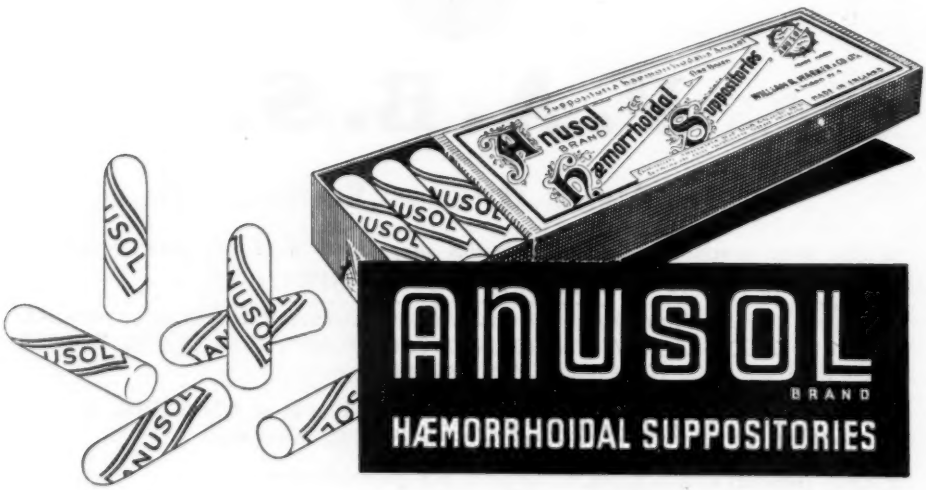
35/42, CHARLOTTE ROAD and 83/85, CURTAIN ROAD, LONDON, E.C.2

OPERATION AND HÆMORRHOIDS

In view of the present state of emergency many sufferers from hæmorrhoids are hesitant in submitting to any of the radical methods of treatment.

This gap can, however, be bridged. Satisfaction can be afforded to the patient and willing co-operation evoked from him by prescribing Anusol Suppositories.

Anusol Suppositories allay inflammation, reduce congestion, aid in the control of hæmorrhage, and provide for the patient a period of relative comfort. Furthermore, the suppositories contain no drug that produces a systemic effect; their action is entirely local.



Anusol is also available in ointment form

WILLIAM R. WARNER & CO. LTD., POWER ROAD, CHISWICK, LONDON, W.4

QUESTIONNAIRE

We take this opportunity of replying to the following questions which are frequently put to us concerning Neo-Hepatex (parenteral) in the treatment of pernicious anæmia

Is Neo-Hepatex tested clinically? Yes: each batch is tested by independent workers and approved before issue. A certificate of the test is enclosed in each package.

Does Neo-Hepatex cause pain? No: being an isotonic solution pain is not caused by the administration of Neo-Hepatex.

Is Neo-Hepatex non-toxic? Yes: dosage can even be increased when septic and febrile conditions exist. The relative freedom from inert proteins is an important condition in preventing toxic effects.

Can Neo-Hepatex be administered intravenously? Yes: the high degree of purity attained renders Neo-Hepatex suitable for intravenous injection.

Neo-Hepatex is issued in ampoules and rubber-capped bottles.
A supply of Neo-Hepatex will be sent free of charge on request for clinical trials.
Literature including book of P.A. control charts is also available from: Medical Department, Hanover Street, Liverpool

Made in England at
The Evans Biological Institute by
Evans Sons Lescher & Webb Ltd.
Liverpool and London

LIVOGEN

The Reconstructive Tonic

Livogen is rich in all the members of the Vitamin B complex and in liver principles which are active in red blood cell regeneration. Deficiencies of members of the Vitamin B complex are manifested by various neurological derangements; such manifestations are present in subclinical intensity both in patients whose intake is below the normal requirements and in those who undergo abnormal mental or emotional exertion and stress.

The administration of Livogen, therefore, is particularly appropriate at the present time; not only do subclinical anæmias respond to Livogen administration, but nervous debility and the more serious neurological conditions to which many patients are now particularly prone are overcome.

Literature on request

THE BRITISH DRUG HOUSES LTD.
LONDON N.1

Telephone: Clerkenwell 3000 Telegrams: Tetradome Telex London

FORMULA

INTESTINAL GLAND EX..Ogr. 05
BILIARY EXTRACT.....Ogr. 10
AGAR AGAR.....Ogr. 05
LACTIC FERMENTS....Ogr. 05
Fiat Tablet 0.35grms.
INITIAL DAILY DOSE
2 Tablets.

TAXOL

BIOLOGICAL TREATMENT OF
CONSTIPATION
NON-HABIT FORMING

CONTINENTAL LABORATORIES LTD., Brunel Road, East Acton, London, W.3

ALKA-ZANE
for Systemic Alkalization

A palatable, granular, effervescent salt for the treatment of acidosis.

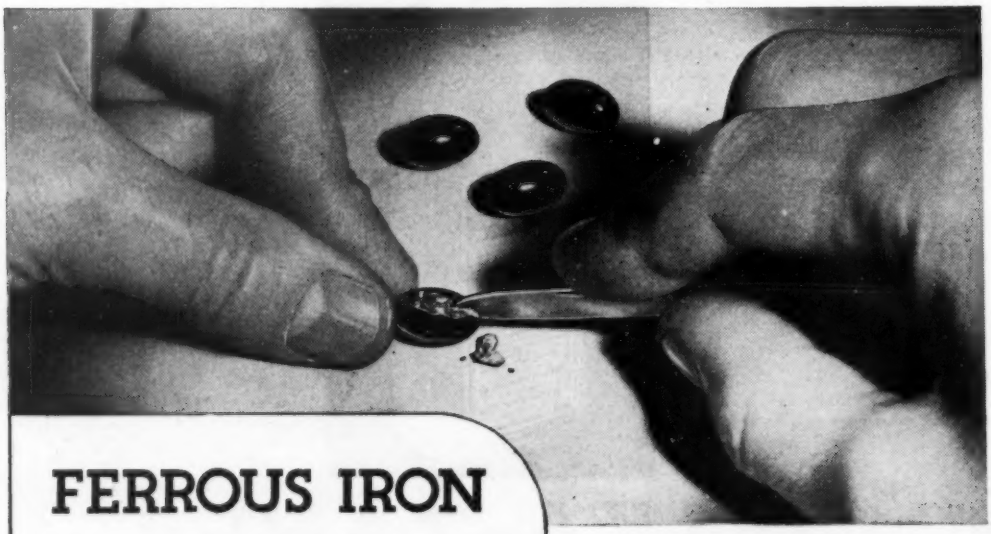
A combination of sodium, potassium, calcium and magnesium, in the form of carbonates, phosphates and citrates — no tartrates, sulphates or lactates, and no sodium chloride.

For acidosis in fevers, influenza, nephritis, cardiac disease, pregnancy, diabetes, cyclical vomiting, acidosis associated with anæsthesia, tetany, rheumatic conditions.

One heaped teaspoonful, three or four times daily in a glass of water, is an efficient, refreshing neutralizer of excessive local or systemic acidity. After effervescence has subsided milk or fruit juices may be added, if preferred.

WILLIAM R. WARNER & CO. LTD., POWER ROAD, CHISWICK, LONDON, W.4.

MADE IN ENGLAND



FERROUS IRON
that remains ferrous

THE small daily dose of three 'Plastules' Plain is usually sufficient to promote optimal hæmoglobin rise in cases of iron deficiency anæmia. Repeated tests prove that the iron in 'Plastules' remains in a semi-fluid soluble ferrous state indefinitely because the capsule is hermetically sealed. This is an important advantage of 'Plastules,' as it ensures maximum absorption and assimilation of the iron medication. For good results in instances of chronic blood loss and the anæmias of pregnancy, or for general debility, prescribe 'Plastules'—modern iron therapy. . . . JOHN WYETH & BROTHER, LIMITED, 25, Oldhill Place, London, N.16.

'PLASTULES'
Brand Hæmatinic Compound Regd.
for Anæmias & Debility

PROPHYLAXIS AND VITAMIN B

"IN FULL FAIR TIDE
LET INFORMATION FLOW
THAT EVIL IS HALF CURED
WHOSE CAUSE WE KNOW"
Rev. Charles Churchill (1731-1764)

To-day when preventive medicine is, or should be, our ideal, we may well make far stronger statements than this. Half-cured or quite cured is admirable, but is not wholly prevented even better? Of the known causes of disease so many are removable, so why are they not removed? If a disease is preventable, then we may justifiably ask, with the late King Edward, why is it not prevented? For prevention is not only better, it is often easier than cure.

In no sphere of medicine can prophylaxis be accomplished with such ease and certainty as in that which embraces the deficiency diseases. Scurvy, beri-beri and pellagra are rare in this country to-day, and every case of rickets should be regarded as a disgrace to the community in which it occurs. Nevertheless, though the absence of gross deficiency diseases may deceive the unwary into believing that the quality of the diet is beyond reproach, yet the prudent physician will take every precaution to ensure that this is really so.

Let us enquire into just one respect in which the everyday diet of the people of to-day may so easily be inadequate. Can it be said that the bread of to-day contains enough Vitamin B_1 to satisfy the demands of the body? The introduction of the roller-mill in the latter part of the nineteenth century has had a most profound effect on this problem. It has been shown that, largely from this one cause, the average diet of to-day contains only about two-fifths of the Vitamin B_1 content of even the Poor Law diet of a hundred years ago. Is it too much to suppose that such a drastic reduction in vitamin content may produce widespread ill-health?

Constipation, to quote but one example, is among the commonest of the minor ailments that we meet to-day, and since it has been shown experimentally that an adequate supply of Vitamin B complex is necessary for the maintenance of the proper tone in the musculature of the intestinal tract, it may well be that much intestinal ill-health is due to a lack of this important substance. White bread and chronic constipation so often go together that they look temptingly like cause and effect.

Rev. Charles Churchill
From "The Poetical Works of Charles Churchill," published in 1779.

It was to remedy the deplorable state of affairs brought about by the almost universal abandonment of wholemeal flour that Bemax was introduced to the medical profession and to the public. Bemax is, in fact, the stabilized germ of the wheat, and consequently its regular addition to the diet replaces what has been removed by the artificial conditions under which flour is prepared to-day. In addition to Vitamin B_1 Bemax contains Vitamins A, B_2 and E besides a large mineral content, and for this reason its regular use forms a valuable addition to the everyday diet which, without it, may so easily be deficient in some important respect.

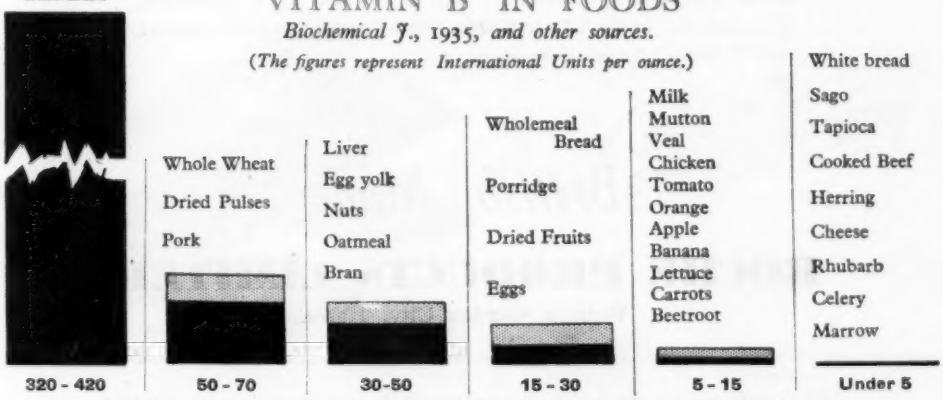
To-day may we not fairly improve on Charles Churchill's lines by saying, in this respect at least,

"That evil is *removed* whose cause we know"?

VITAMIN B IN FOODS

Biochemical J., 1935, *and other sources.*

(The figures represent International Units per ounce.)



Laboratory report: and clinical sample of Bemax sent to medical men on application to:

Vitamins, Ltd. (The Bemax Laboratories), (Dept. L.2), 23, Upper Mall, London, W.6.

'OMNOPON'

Total Opium Alkaloids

Ample Stocks

Our improved manufacturing facilities enable us to meet the heavy demand for this well-known opium concentrate and to maintain full supplies of 'Omnopon' ampoules, hypodermic and oral tablets; as also of 'Omnopon'-Scopolamine ampoules.

No Increase in Price

In spite of higher costs of production, we shall endeavour to ensure that the price of 'Omnopon' to the medical profession and hospitals remains unchanged.

Packings

'Omnopon' is issued as Oral Tablets (gr. 1/6) in 20's, 100's and 500's. Hypodermic Tablets (gr. 1/3) in 25's and 100's. Ampoules, 1 c.c. (gr. 1/3) in 6's, 12's and 100's. Also Powder. Special literature on 'Tubunic' Ampoule-Syringes.

British Made

ROCHE PRODUCTS LIMITED

Welwyn Garden City, Herts.

For active, lasting immunisation against tetanus

TETANUS TOXOID (ALUM PRECIPITATED)

Lederle

TETANUS Toxoid (Alum Precipitated) closely resembles the similar preparation of diphtheria toxoid in its essential nature.

The toxicity of tetanus toxin is destroyed by a limited action of formaldehyde. The resulting product, toxoid, retains the ability to stimulate antitoxin production, and its antigenic activity is considerably increased by alum precipitation.

Two doses each of 1 c.c. administered intramuscularly, with an interval of 2 months between injections, are recommended as the optimum condition of administration for the maximum immunity response within a short time.

In "Tetanus Toxoid (Alum Precipitated) *Lederle*" an effective and harmless immunising agent is available in

2—1 c.c. vials 10 c.c. vial.

For passive protection or therapeutic treatment TETANUS ANTITOXIN "GLOBULIN MODIFIED" *Lederle* is recommended. With this antitoxin of high concentration and purity, adequate dosage is obtainable in convenient volume and in this form reactions are reduced to a minimum.

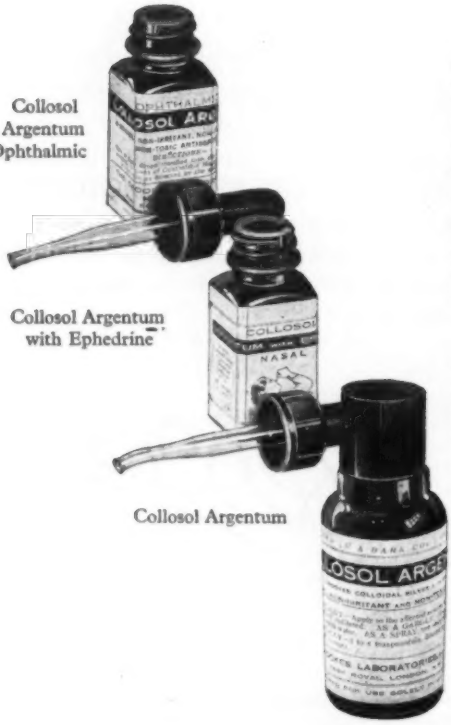
Chas. F. Thackray LTD

PRODUCTS OF THE LEDERLE LABORATORIES INC., NEW YORK, U.S.A. Distributed in England by CHAS. F. THACKRAY, LTD., The Old Medical School, LEEDS, and at 252 Regent Street, LONDON, W.1

Collosol Argentum

Crookes' Colloidal silver-1 in 2000

An active bactericide, non-staining and non-irritant



Collosol Argentum—used by over 250 Public Health Authorities as a prophylactic in ophthalmia neonatorum—is indicated in all types of chronic inflammatory conditions, with a wide scope in dermatology; in all ear, nose and throat infections as drops, sprays or by irrigation into the actual sinuses; as a prophylactic and in the early treatment of the common cold, also as a palliative in hay fever and acute sinus infections.

It exhibits the direct bactericidal effect of ionic silver given off from the colloid and maintained at a definite concentration by the break-up of the colloidal particles. One drop contains approximately four million particles smaller than the smallest bacteria.

PRICES

1-oz. **1/6**, 4-oz. **4/-**, 8-oz. **8/-**, 16-oz. **15/-**, 40-oz. **37/6**, 80-oz. **70/-**
Ophthalmic (with pipette) ½-oz. **2/6**
Nasal, with ephedrine, ½-oz. **2/6**
Asthma and hay fever: Co. spray (with adrenalin) 1-oz. **2/6**

●

COLLOSOL ARGENTUM is also issued in ampoules for injection and in bougies, ointment, pessaries, pigmentum suppositori, also as a dentifrice and in soap.

Clinical Literature on Application

THE CROOKES LABORATORIES (*British Colloids Ltd.*) **PARK ROYAL, LONDON, N.W.10**

Telephone: Willesden 6313 (5 lines) *Telegrams: Collosols, Harles, London*

IMMUNE GLOBULIN (HUMAN) P., D. & CO.

MEDICAMENTA VERA P D & Co.

FOR THE MODIFICATION OR PREVENTION OF MEASLES

IN the control of an epidemic of measles, effective use may be made of Immune Globulin obtained from human placenta. This preparation offers a valuable alternative to convalescent serum or adult immune serum when supplies of these are unobtainable or inadequate.

Immune Globulin (Human) P., D. & Co., is a sterile, refined, and concentrated preparation of globulins obtained from human placental blood. A uniform potency is obtained by pooling the globulins in large quantities and adjusting the nitrogen content of the final product to at least 10 mgm. per c.c. The potency is also tested on the basis of the diphtheria antitoxin content.

The dose of Immune Globulin (Human) P., D. & Co., for the modification or prevention of measles, varies according to the age of the patient, the degree of exposure, and the time which elapses between exposure to infection and the injection of the globulin. Doses ranging from 2 c.c. to 10 c.c., according to circumstances, may be injected intramuscularly, and will usually be sufficient to modify an attack and to prevent serious complications.

● Further particulars concerning Immune Globulin (Human) P., D. & Co., which is issued in vials of 2 c.c. and 10 c.c., will be furnished on request.

PARKE, DAVIS & CO., 50, BEAK STREET, LONDON, W.1

Laboratories: Hounslow, Middlesex. *Inc. U.S.A., Liability Ltd.*

The Original and Standard Emulsion of Petroleum

'Angiers' Emulsion

is made with petroleum specially purified for internal use. It is the original petroleum emulsion — the result of many years of careful research and experiment.

Bronchitis, Sub-Acute and Chronic

There is a vast amount of evidence of the most positive character proving the efficacy of 'Angiers' in sub-acute and chronic bronchitis. It not only relieves the cough, facilitates expectoration and allays inflammation, but it likewise improves nutrition and effectually overcomes the constitutional debility so frequently associated with these cases. Bronchial patients are nearly always pleased with this emulsion, and often comment upon its soothing "comforting" effects.

Pneumonia and Pleurisy

The administration of 'Angiers' during and after Pneumonia and Pleurisy is strongly recommended by the best authorities for relieving the cough, pulmonary distress, and difficult expectoration. After the attack, when the patient's nutrition and vitality are at the lowest ebb, 'Angiers' is specially indicated because of its reinforcing influence upon the normal processes of digestion, assimilation and nutrition.

In Gastro-Intestinal Disorders

of a catarrhal, ulcerative, or tubercular nature, this emulsion is particularly useful. The minutely divided globules of petroleum reach the intestines unchanged, and mingle freely with intestinal contents. Fermentation is inhibited, irritation and inflammation of the intestinal mucosa rapidly reduced, and elimination of toxic material greatly facilitated.

THE ANGIER CHEMICAL COMPANY, LIMITED
86, CLERKENWELL ROAD, LONDON, E.C.1.

ANGIERS
BRAND EMULSION

TRADE MARK **'ENTORAL'** BRAND

Oral Cold Vaccine

● 'Entoral' has been subjected to careful clinical investigation among industrial and institutional groups, office workers, and school children. Increase of species-specific and species-broad (heterophile) immunity to the secondary pathogens of the upper respiratory tract by its use has decreased at least 60 percent the incidence of colds in the vaccinated units and has controlled the severity, duration, and disability of infections in persons not completely protected.

Vaccination with 'Entoral' involves the administration of a single capsule of the vaccine daily for one week, followed by one capsule twice a week throughout the period when upper respiratory infections are prevalent. Immunization should be repeated annually.

'Entoral' brand oral cold vaccine is supplied in bottles of 20 and 60 'Pulvules' brand filled capsules.

ELI LILLY AND COMPANY LIMITED
BASINGSTOKE AND LONDON

LIXEN

safe, gentle, and palatable.

LIXEN is an extract of senna prepared by a special cold process to allay the griping action. The absence of an after-constipating effect gives it a special value in habitual constipation, and its gentle, though efficient, action, together with its pleasant flavour, makes it particularly acceptable to women, children, elderly and delicate persons, and convalescents, for whom the finding of a satisfactory aperient is often difficult.

LIXEN ELIXIR
In bottles of 2 oz. 1/-, 4 oz. 1/9, 8 oz. 3/-, 16 oz. 5/6.
In bottles of 40 and 80 oz. for dispensing.

LIXEN LAXATIVE LOZENGES
In tins of 12, 7½d., 24, 1/-, and bottles of 100, 3/6.
In bottles of 500 for dispensing.

Descriptive literature and clinical sample will be sent on request.

ALLEN and HANBURYS LTD
LONDON E 2
Telegrams: "Greenburys Beth London" Telephone: Bishopsgate (3201) 12 lines

Calcydic

CALCIUM VITAMIN D GRANULES

Supplies of calcium and phosphorus are essential to the action of vitamin D. Whereas ordinary calcium phosphate contains 1 part by weight of phosphorus to 2 of calcium, dicalcium phosphate contains 3 parts of phosphorus to 4 of calcium.

Each teaspoonful of Calcydic Granules contains—
Dicalcium phosphate 7½ gr.
Vitamin D - 1,500 units
Glucose, Chocolate, and Cane Sugar

These granules may be given to children or adults, prophylactically or therapeutically, in rickets, pregnancy, lactation, osteomalacia, menorrhagia, convalescence, chilblains, and urticaria.

Calcydic Granules are pleasant to take

In tins of ¼ lb. at 2/3, and 1 lb. at 4/-

Descriptive literature and clinical trial sample will be sent on request.

Ferrodic

IRON GRANULES

Being chocolate flavoured, FERRODIC Iron Granules appeal strongly to children who will not take ordinary iron preparations, such as Chemical Food. The iron is present in the ferrous state, being preserved from oxidation by the presence of reducing sugar (glucose).

FERRODIC Iron Granules contain a large proportion of this sugar, which gives the preparation a special value in ketosis ('acidosis'), a condition found in debilitated children. Sprinkled on bread and butter, the granules provide a solution to the problem of feeding children who have no appetite.

In tins of ½ lb. at 2/3, and 1 lb. at 4/- each.

Descriptive literature will be sent on request.

Allen & Hanburys Ltd. London, E.2 Telephone: Bishopsgate 3201 (12 lines) Telegrams: "Greenburys Beth London"

Mouth and Throat Therapy.

AS A PROPHYLACTIC MEASURE IN EPIDEMICS, AND FOR USE IN THE TREATMENT OF SEPTIC CONDITIONS OF THE MOUTH AND THROAT, THE VALUE OF A SUITABLE LOCAL APPLICATION IS FIRMLY ESTABLISHED.

EXHAUSTIVE BACTERIOLOGICAL TESTS AND CLINICAL TRIALS CARRIED OUT OVER A NUMBER OF YEARS DEMONSTRATE THAT "FORMITROL" PASTILLES MEET THE DESIRED NEED IN A SATISFACTORY MANNER.

"FORMITROL"

BRAND

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TRADE MARK **'TABLOID'** BRAND **CAROTENE**
0·002 gramme in bottles of 25 products
Each product equivalent to 2000 International Units

VITAMIN B_1

TRADE MARK **'RYZAMIN-B'** BRAND RICE POLISHINGS CONCENTRATE
80 International Units of Vitamin B_1 per gramme
Tubes of 15 gm. and 100 gm.

TRADE MARK **'TABLOID'** BRAND **VITAMIN B_1 HYDROCHLORIDE**
333 International Units per mgm.
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TRADE MARK **'HYPOLOID'** BRAND **VITAMIN B_1 HYDROCHLORIDE**
333 International Units per mgm.
'Hypoloid' Ampoules of 2 mgm. and 10 mgm. in boxes of 6

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TRADE MARK **'TABLOID'** BRAND **ASCORBIC ACID**
0·005 gramme (100 International Units Vitamin C)
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TRADE MARK **'WELLCOME'** BRAND **SOLUTION OF CALCIFEROL**
Each gramme contains 3000 International Units of anti-rachitic activity (Vitamin D)
Bottles of 1 fl. oz.

TRADE MARK **'TABLOID'** BRAND **CALCIFEROL**
0·0001 gramme (= 4000 International Units) } Bottles of 25 and
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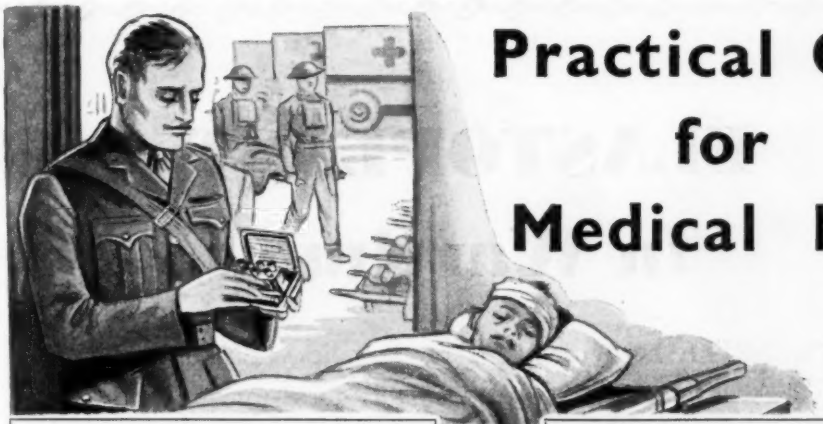

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Fits the pocket like a cigarette case. Contains tubes of 'TABLOID' Hypodermic Products with an 'AGLA' Aseptic Hypodermic Syringe and needles. Strong aluminium case with standard selection of medicaments, 30/- each. Solid silver case, 110/-.

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POCKET-CASE, No. 23

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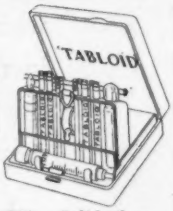

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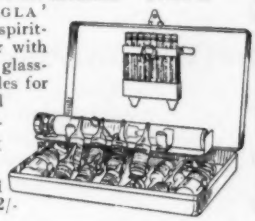

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Sugar-free. Ideal for diabetics.

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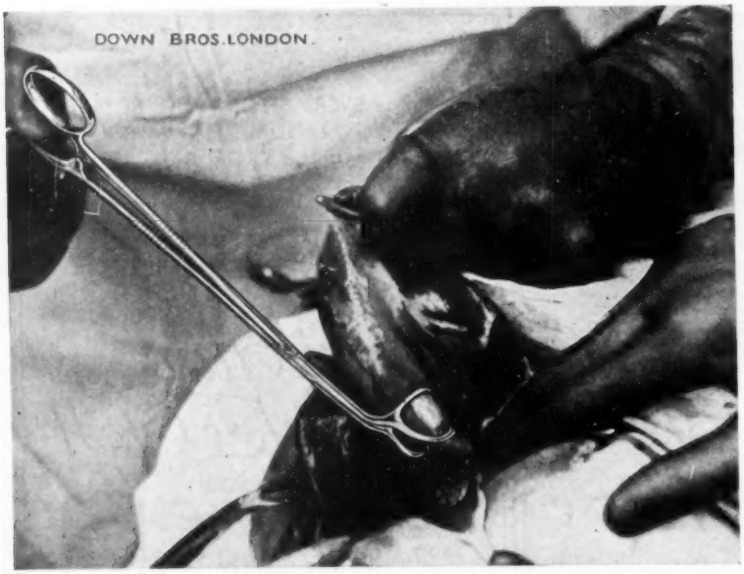
[See also pp. 9 & 28]



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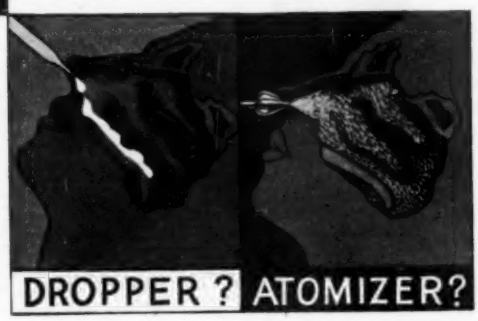
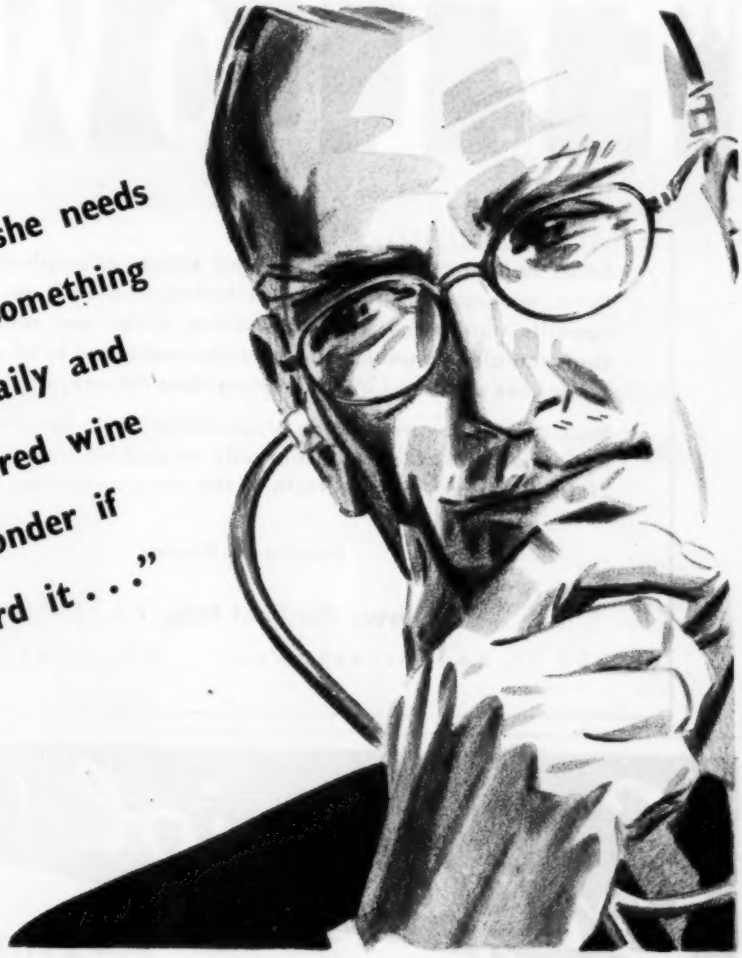


"Mm . . . now she needs a pick-me-up, something she can take daily and enjoy—a good red wine would help—wonder if they could afford it . . ."



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helps to overcome the devitalizing effects of respiratory infections, pregnancy, dietary deficiencies; and it is an excellent appetite stimulant. This dependable, bitter, and reconstructive Tonic contains valuable mineral salts; and it has been prescribed by doctors the world over for more than 60 years.

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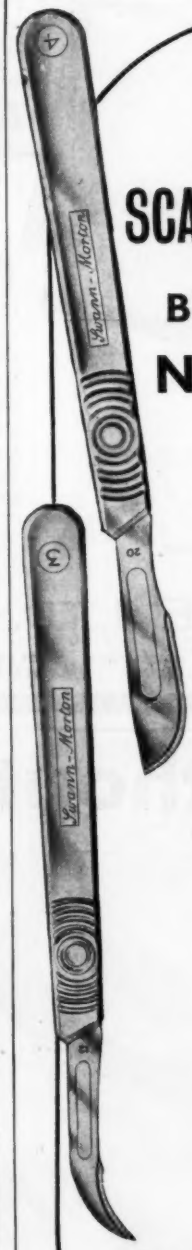

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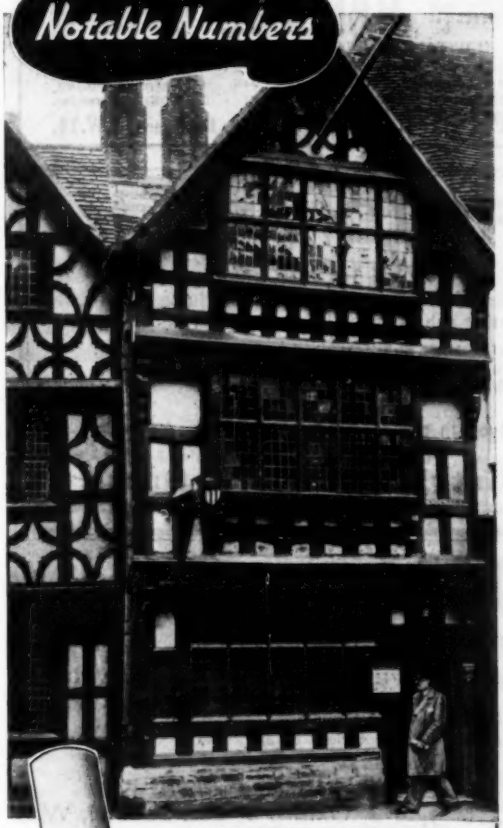

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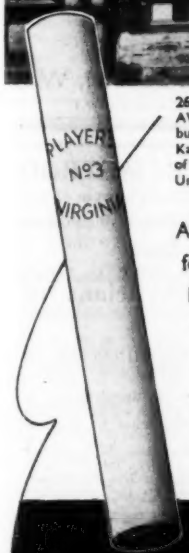

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A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes.

A modern country house, 12 miles from Marble Arch, in attractive and secluded surroundings. Fees from 10 guineas per week inclusive. Cases under Certificate, Voluntary and Temporary Patients received for treatment.

DOUGLAS MACAULAY, M.D., D.P.M.

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HOSPITAL FOR MENTAL DISEASES.
President: The Right Hon. LORD BELPER.

This Institution is exclusively for the reception of a limited number of PRIVATE PATIENTS of both sexes, of the UPPER and MIDDLE CLASSES, at moderate rates of payment. It is beautifully situated in its own grounds, on an eminence a short distance from Nottingham, and commands an extensive view of the surrounding country; and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted. Voluntary and Temporary Patients received. Occupational Therapy. For terms, &c., apply to the Medical Superintendent.

Telephone: 64117 Nottingham.

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A REGISTERED HOSPITAL FOR THE CARE AND TREATMENT OF LADIES AND GENTLEMEN SUFFERING FROM NERVOUS AND MENTAL DISORDERS.

Within two miles of the G.W. and L.M. & S. Railway Stations at Gloucester, the Hospital is easily accessible by rail from London and all other parts of the United Kingdom. It is beautifully situated at the foot of the Cotswold Hills, and stands in its own grounds of over 300 acres. Voluntary Patients of both sexes also are received for treatment. Special accommodation is also provided at five villa residences, all of which stand in their own grounds and are entirely separate from the main Hospital.

For particulars as to terms, &c., apply to G. W. T. H. FLEMING, M.R.C.S., L.R.C.P., D.P.M., Physician Superintendent.
Telephone: No. 6207 Gloucester.

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A convalescent home for the care and treatment of mild and recoverable nervous conditions in both sexes. The house is situated high up in 40 acres of grounds, 17 miles from London, at the termination of the Watford by-pass. One medical officer is in residence, and two others are in daily attendance. Fees from ten guineas a week, inclusive.

Apply: RESIDENT MEDICAL OFFICER.

Telephone: Welbeck 2728.
Telegrams: "ASSISTIANO, LONDON."

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Our nurses are chosen carefully for their personal character and their suitability for private work. They reside on the premises, and are available for urgent cases Day or Night.

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Telephone: Cults 107. For prospectus apply to the Secretary.

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CHEADLE ROYAL HOSPITAL, Cheadle, Cheshire.

This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.

The Hospital is governed by a COMMITTEE, appointed by the TRUSTEES of the Manchester Royal Infirmary.

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VOLUNTARY, TEMPORARY, AND CERTIFIED PATIENTS received.

The Hospital is nine miles from Manchester, 50 minutes by rail from Liverpool, and 3½ hours from London.

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At all the branches of the Hospital there are cricket grounds, football and hockey grounds, lawn tennis courts (grass and hard courts), croquet grounds, golf courses, and bowling greens. Ladies and gentlemen have their own gardens, and facilities are provided for handicrafts, such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15

Telegrams: "Allevisted, London." **Telephones: Rodney 2641 and 2642.**

The above House is for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution. Occupational therapy, physical drill, and other forms of modern treatment. There is a seaside branch, Kearsney Court, near Dover, to which patients may be sent for treatment or on holiday. Motor drives are arranged when required. Tennis courts. Entertainments, dances, and indoor amusements held throughout the year. Terms from £3 3s. per week. Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

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Also completely detached Villas for Mild Cases, with private suites if desired. Voluntary Patients received. Twenty acres of Grounds. Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts, Occupational Therapy, Calisthenics, and Dancing Classes. X-ray and Actino-therapy, Prolonged Immersion Baths, Operating Theatre, Pathological Laboratory, Dental Surgery, and Ophthalmic Department. Chapel. Shock and also modified Insulin Therapy.

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FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Six acres of ground facing Finsbury Park. Voluntary and Temporary Patients received without certification. Occupational Therapy; Psychotherapy, and other modern forms of treatment. Air-raid Shelters have been provided.
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For further particulars apply to the MEDICAL SUPERINTENDENT.

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For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

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ESTABLISHED IN 1853.

A PRIVATE HOME for the treatment of gentlemen suffering from Mental and Nervous illness, including the allied Disorders of Alcoholism and the Drug Habit. All types of early Mental and Nervous Cases are received without Certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930. Bracing hill country. See "Medical Directory," p. 2368.—Apply to the Medical Superintendent. 'Phone 10 P.O., Church Stretton.

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A PRIVATE MENTAL HOME situated in 14 acres of well-wooded grounds. For Ladies and Gentlemen suffering from Nervous or Mental Illness. Voluntary Patients, Temporary Patients, and Patients under Certificates are admitted for Treatment. Fees: from 4 guineas a week upwards, according to requirements. A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician.

Apply to Dr. J. A. SMALL
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STRETTON, SHROPSHIRE.

A PRIVATE HOME for the care and treatment of a limited number of Ladies Mentally Afflicted.

Climate healthy and bracing.

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Terms moderate. Apply to Resident Medical Superintendent.
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For Mental Cases with or without Certificates.

Ordinary Terms: Five Guineas per week (including Separate Bedrooms for all suitable cases without extra charge).

For forms of admission, &c., apply to the Resident Physician, CEDRIC W. BOWER.

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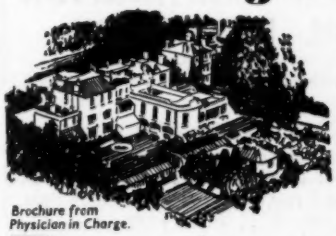

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Healthy children are received from 1 week to 8 years of age.
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Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
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County Council of Middlesex.

CENTRAL MIDDLESEX COUNTY HOSPITAL, Acton-lane, Willesden, N.W.10.

MEDICAL SUPERINTENDENT.

The County Council invites applications for the post of Medical Superintendent of Central Middlesex County Hospital. Candidates must be registered Medical Practitioners and, in addition to a wide knowledge of general medicine and surgery, experience in the administration of a large hospital is essential.

The Central Middlesex County Hospital is a general hospital which has recently been extensively modified and enlarged, and has accommodation for over 900 patients, of whom more than half are suffering from acute conditions. There is an out-patient department, and special departments which have been organised include X-ray, electrical, massage, ophthalmic, ear, nose, and throat, ante-natal, gynecological, pathological, psychiatric and dental.

The Medical Superintendent of Central Middlesex County Hospital is required to exercise supervision over the medical arrangements at certain other institutions belonging to the County Council at which medical attendance is provided by the Hospital, and to carry out such other duties as the Council may from time to time direct.

The officer appointed will be required to devote his whole time to the duties of his office ; he will not be allowed to engage in private practice, and any fees received by him must be paid over to the County Council. The appointment will be subject to three months' notice and will be to the pensionable staff and subject to medical examination.

Salary £1300 per annum, rising by annual increments of £50 to £1500 per annum, and, after attaining the maximum salary of the grade and after eight years' service as Medical Superintendent, by two further yearly increments of £50 to £1600 per annum, together with an unfurnished house in the hospital grounds, with light, heating, water, &c., valued at £205 per annum.

Applications, stating name, age, qualifications, and experience, together with copies of not more than three recent testimonials, must be received by the undersigned not later than 2nd December, 1939. No application forms provided. Relationship to any member or officer of the Council must be disclosed in the application. Canvassing, directly or indirectly, disqualifies.

C. W. RADCLIFFE, "B.3," Clerk of the County Council.

Middlesex Guildhall, Westminster, S.W.1.

National Hospital for Diseases of the

NERVOUS SYSTEM, Queen-square, W.C.1.

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Applications are invited for the post of Registrar which is now vacant. The salary is £200 per annum, with board and lodging.

Applications should be sent at once, with copies of recent testimonials, to the undersigned.

GODFREY H. HAMILTON, Secretary.

The Samaritan Free Hospital for

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Applications are invited for the post of HOUSE SURGEON (Lady or Gentleman) for a period of six months, commencing December 15th next. Salary at the rate of £100 per annum, with board, lodging, and laundry. Previous experience as House Surgeon essential.

Applications, stating age, accompanied by copies only of testimonials, should be sent to the Secretary at the Hospital not later than NOON, Thursday, November 30th, 1939.

G. H. HAWKINS, Secretary.

Central London Throat, Nose and Ear

HOSPITAL, Gray's Inn-road, W.C.1.

RESIDENT HOUSE SURGEON (Male).

There will be a vacancy for a Third Resident House Surgeon to enter on duty immediately.

The appointment will be for a period of nine months : three months as Third, three months as Second, and three months as First House Surgeon. Remuneration at the rate of £75 per annum. The Hospital is working normally.

Applications, accompanied by copies of not more than three testimonials, should be sent to the undersigned immediately.

JOHN H. YOUNG, Secretary-Superintendent.

Metropolitan Borough of Wandsworth.

APPOINTMENT OF TEMPORARY ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT TUBERCULOSIS OFFICER.

Applications are invited for the appointment of Temporary Assistant Medical Officer of Health and Assistant Tuberculosis Officer at a salary of £500 per annum, rising by £25 on 1st April, 1941, to £525 and thence by similar annual increments to a maximum of £700 per annum, together with travelling allowance of £25 per annum. Candidates must be registered Medical Practitioners, not less than twenty-five nor more than forty years of age, must have had not less than eighteen months' clinical experience, of which not less than six months must have been spent in a hospital as resident officer in charge of beds occupied by general or surgical cases, and must have had special training for not less than six months in the diagnosis and treatment of tuberculosis. Practical experience in the work of a Tuberculosis Dispensary and in Bacteriology is essential.

Forms of application, further particulars and conditions of the appointment may be obtained from me. Applications for the appointment must be received by me not later than 28th November, 1939. All communications must be addressed to "The Town Clerk, Municipal Buildings, Wandsworth, S.W.18," the envelope being marked "Assistant Medical Officer of Health."

By Order,
R. H. JERMAN, Town Clerk.

Municipal Buildings, Wandsworth, S.W.18,
9th November, 1939.

The Nelson Hospital, Merton, S.W.20.

(84 Beds.*)

RESIDENT HOUSE SURGEON (Male, unmarried) required 6th December, 1939, for duties in connexion with Men's and Children's Wards—share casualty work. Appointment for six months in first instance. Salary at rate of £150 per annum, plus usual allowances and fees earned.

Candidates must be British by nationality and birth.

Applications, with copies of recent testimonials, should be sent to the Secretary forthwith.

* Hospital scheduled as Casualty Receiving Hospital under Emergency Hospital Scheme by which number of beds is brought up to 121.

The Princess Beatrice Hospital,

Earl's Court, London, S.W.5.
(General Hospital.)

Two RESIDENT MEDICAL OFFICERS (Male or Female) required for a period of six months as from 1st January, 1940. The following details apply to both posts :—

Salary to be in accordance with E.M.S. Scale (provided the appointment is acceptable to the Authorities), with board, residence, and laundry. Previous resident experience desirable but not essential.

Full details may be obtained from the Secretary to whom applications, together with copies of three recent testimonials, should be sent not later than the first post, November 27th, 1939.

Middlesex County Council.

JUNIOR ASSISTANT MEDICAL OFFICER (Resident) required at CENTRAL MIDDLESEX COUNTY HOSPITAL, Acton-lane, Willesden, N.W.10. Must be registered Medical Practitioner, preferably with medical experience, who has held resident appointment in a general hospital. Whole-time duties under Medical Superintendent. Salary £250 per annum, with board, lodging, and laundry. Appointment, subject to medical examination and one month's notice, is primarily for six months, but may be extended for a further six. Preservation of pension rights under certain Acts.

Written applications, stating age, qualifications, and experience, with copies of not more than three recent testimonials, to the undersigned by the 25th November. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE, "B3," Clerk of the County Council.

Guildhall, Westminster, S.W.1.

Bexhill Hospital, Bexhill-on-Sea.

Applications are invited for the post of RESIDENT MEDICAL OFFICER (Male or Female). The appointment is for a period of six months. Salary £150 per annum, with board, residence, and laundry. The successful applicant will be required to commence duty on the 1st January next.

Applications, stating age, nationality, experience, and qualifications, accompanied by three recent testimonials, should be sent to the undersigned as soon as possible.

P. E. WINDO, Secretary.

13th November, 1939.

County Borough of Burnley.
MUNICIPAL GENERAL HOSPITAL.

JUNIOR RESIDENT MEDICAL OFFICER (Male).

Applications are invited from fully qualified Men for the position of Junior Resident Medical Officer at the Municipal General Hospital, Burnley, to take up duties on or about 5th December, 1939. The appointment will be for a period of twelve months.

Salary at the rate of £150 per annum for the first six months, £200 per annum for the second six months, plus full residential emoluments.

Applications, together with copies of testimonials, should be forwarded as early as possible to the Medical Officer of Health, St. James's-street, Burnley.

HARRY PLOWMAN, Town Clerk.

Town Hall, Burnley, 6th November, 1939.

The Chester Royal Infirmary.
(Normal Capacity, 225 Beds.)

Applications are invited for the following appointments, to take up duty on 1st December, 1939:—

HOUSE PHYSICIAN (Male). The appointment is approved for the purpose of the M.D. examinations of the University of London.

HOUSE SURGEON (Male). The appointment is approved in connection with the M.S. (London University) and F.R.C.S. (Eng.) examinations.

HOUSE SURGEON (Male) to the Orthopædic Department.

Salary £150 per annum, with board, lodging, and laundry.

Application list closes 23rd November, 1939.

Application forms may be obtained from:—

W. H. GRACE, M.D., F.R.C.P.,
Hon. Secretary, Medical Committee.

Royal West Sussex Hospital,
CHICHESTER.
(114 Beds, including 12 Private Patients' Block.—Two Residents)

JUNIOR HOUSE SURGEON required on 1st December, 1939. Salary at the rate of £125 per annum, with board, residence, and laundry.

Applications should be sent to the undersigned immediately together with copies of not less than three recent testimonials, stating age, nationality, experience, and qualifications.

By Order of the Board of Management,
J. COXON INCE, House Governor and Secretary.

7th November, 1939.

Manchester Royal Infirmary.

CHIEF ASSISTANT TO THE ORTHOPÆDIC UNIT (NON-RESIDENT).

The Board of Management invite applications from registered Medical Practitioners for the above appointment.

The duties will be concerned with the treatment of in-patients and out-patients, and require attendance on seven half-days per week.

The appointment is for twelve months, renewable for a further period. Salary £250 per annum.

Fifteen copies of applications (stating age) and testimonials to be sent to the undersigned by 9 A.M. on Thursday, 23rd November, 1939.

By order.
F. J. CABLE, General Superintendent and Secretary.

6th November, 1939.

Saint Mary's Hospitals,
WHITWORTH PARK, MANCHESTER.

HONORARY SURGEON FOR CHILDREN.

Applications are invited for the post of Honorary Surgeon in the Children's Department. This appointment will be temporary for the duration of the war, and will be terminable within twelve months of the conclusion of hostilities. Candidates should be Members or Fellows of the Royal College of Surgeons.

Applications and three testimonials (twenty copies), together with Certificate of Registration, should be sent to: The Chairman, Saint Mary's Hospitals, Whitworth Park, Manchester 13, on or before 11th December, 1939. Particulars of duties may be obtained from the undersigned.

A. R. WISE, Superintendent and Secretary.

Staffordshire County Council.

TEMPORARY ASSISTANT MEDICAL OFFICERS (Women).

Applications are invited from Medical Women for the above temporary posts during the war. Preference will be given to those who have held residential Hospital appointments, and who have the Diploma of Public Health.

The persons appointed will work under the direction of the County Medical Officer and the duties of the Officers will include School Medical and Maternity and Child Welfare Work.

The salary will be at the rate of £600 per annum, rising by annual increments of £50 to £800 per annum.

The appointments will be subject to three calendar months' notice on either side.

Forms of application may be obtained from the undersigned and should be returned by first post on the 23rd November, 1939, together with copies of not more than three testimonials.

H. L. UNDERWOOD, Clerk of the County Council.

County Buildings, Stafford, 6th November, 1939.

The Robert Jones and Agnes Hunt
ORTHOPÆDIC HOSPITAL, OSWESTRY.
(Beds: Adults 240; Children. 120).

HOUSE SURGEON (Male) required to commence as soon as possible. Appointment for six months, with possibility of extension. Salary at the rate of £200 per annum, with board, residence, and laundry. Two weeks' holiday for each six months service.

Applications, stating age, qualifications, and experience, with copies of three recent testimonials, to be addressed to the Secretary-Superintendent, and to reach him not later than November 24th, 1939.

City of Nottingham.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE WORK.

Applications are invited for the above post from Women Medical graduates experienced in practical midwifery and ante-natal and infant welfare work.

The duties will be chiefly in the antenatal and infant welfare clinics under the administrative control of the Medical Officer of Health.

Salary £500, rising by annual increments of £25 to £700, plus a car allowance of £50 per annum.

The successful candidate will be required to submit to a medical examination and to reside within the City of Nottingham.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and will be terminable by one month's notice on either side.

Application forms may be obtained from the undersigned and must be returned to me not later than the 27th instant. Canvassing will be a disqualification.

J. E. RICHARDS, Town Clerk.

Guildhall, Nottingham, 6th November, 1939.

County Council of Durham

ASSISTANT WELFARE MEDICAL OFFICER.

The County Health Committee invite applications for an Assistant Welfare Medical Officer (Woman) at a commencing salary of £600 per annum, rising by annual increments of £25 to £700 per annum. Travelling allowance will be paid by the County Council in accordance with a scale to be approved from time to time.

The appointment will be subject to the regulations for the time being of the County Council relative to the payment of salary in the case of sickness, and will be terminable by three months' notice on either side. The appointment will be also subject to the following conditions:—

(1) The officer appointed must be a registered Medical Practitioner between the ages of twenty-five and fifty-five years; must devote the whole of her time to the duties of the office; and must not engage in private practice.
(2) She should either have had a previous appointment as Medical Officer of an ante-natal clinic, with the approval of the Minister of Health, or have had at least three years' experience in the practice of her profession and special experience of practical midwifery and ante-natal work. The holding of a Diploma in Public Health will be deemed an additional qualification for the post.
(3) She will be subject to the directions of the County Medical Officer of Health.
(4) She will be required to reside in Durham City, or such other place as required by the Council.
(5) She must be prepared to undertake any duties in connection with the Maternity and Child Welfare Services of the County Council, including attendance at Birth Control Clinics.
(6) She must be prepared, if called upon, to act as locum tenens to other members of the medical staff of the County Medical Officer of Health.
(7) The appointment will terminate on marriage.
(8) The candidate will be required to pass the County Council's medical examination, and will be subject to the provisions of the Local Government Superannuation Act, 1937.

Applications, endorsed "Assistant Welfare Medical Officer," with copies of not more than three recent testimonials, must be addressed to the County Medical Officer of Health, Shire Hall, Durham, and must be received by him not later than Saturday, 25th November, 1939.

J. K. HOPE, Clerk of the County Council.

Shire Hall, Durham, 6th November, 1939.

The King Edward VII Welsh National
MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners for the post of AREA ASSISTANT TUBERCULOSIS PHYSICIAN. The appointment is temporary and tenable for the duration of the war.

Commencing salary £500 per annum.

Preferably candidates should have had at least six months' special training in tuberculosis, with eighteen months' experience in general clinical work, of which six months should have been spent in a hospital not confined to the treatment of tuberculosis.

Knowledge of Welsh desirable.

Applications, stating age, qualifications, experience, &c., together with copies of three recent testimonials, should reach the undersigned not later than Tuesday, November 21st, 1939.

D. A. POWELL, Principal Medical Officer.

Memorial Offices, Cathays Park, Cardiff.

City and County of Newcastle-upon-Tyne.

NEWCASTLE GENERAL HOSPITAL. (900 Beds.)

RESIDENT SURGICAL OFFICER.

Applications are invited from duly qualified and registered Medical Practitioners for the above post. The appointment is temporary and will be made in the first instance for a period of one year, with the possibility of extension for further periods.

Applications will be considered from persons with potential service commitments which might not allow of their completing the full period of the appointment.

Candidates must have held surgical house appointments and have had a reasonable amount of surgical experience.

The salary in respect of the appointment will be £550 per annum, with board, lodging, &c.

Applications, stating age and qualifications, together with copies of not more than three recent testimonials, must be submitted to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, 1, immediately.

Royal Hospital, Richmond, Surrey.

Applications to be sent in by 22nd November, 1939, for the following post:—

JUNIOR HOUSE SURGEON (Male).

£100 per annum. Appointment to take effect from 1st December, 1939. Board, furnished apartments, and laundry.

Candidates must be fully qualified, registered, and single. Form of application can be obtained from the undersigned.

G. M. EDEN, Secretary-Superintendent.

Hampshire.

ASSISTANT COUNTY MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH.

Applications are invited for the post of Assistant County Medical Officer and Medical Officer of Health of two County Districts.

Possession of a Diploma or Degree in Public Health is essential and previous experience in the various branches of Public Health work is desirable.

The salary will be £733 a year, rising on approved service to a minimum of £800 (subject to deduction for pension) in addition to travelling expenses.

Applications, with copies of not more than three recent testimonials, upon a form which, with the conditions of appointment, may be obtained from the County Medical Officer, The Castle, Winchester, should be sent to him not later than 27th November, 1939. Canvassing is prohibited.

F. V. BARBER, Clerk of the County Council.

The Castle, Winchester, 6th November, 1939.

Royal Manchester Children's Hospital,

PENDLEBURY, near MANCHESTER. (232 Beds.)

RESIDENT HOUSE SURGEON.

Applications are invited for the post of Resident House Surgeon. Salary £100 per annum. The appointment is for a period of six months commencing 1st January, 1940. Candidates must be unmarried and duly registered. Previous hospital experience essential.

Applications, stating age and accompanied by copies of not more than three recent testimonials, to be sent to the undersigned not later than Wednesday, 29th November, 1939. Canvassing, directly or indirectly, may disqualify.

By order.

H. HEARDMAN, Secretary.

Lancashire County Council.

APPOINTMENT OF ASSISTANT COUNTY MEDICAL OFFICER.

The Lancashire County Council invite applications from registered Medical Practitioners for the post of Assistant County Medical Officer.

Candidates must possess a Diploma in Public Health, and preference will be given to those under forty years of age.

The duties of the post include the Medical Inspection of school-children, Maternity and Child Welfare Work, general Public Health Work, and such other duties as may from time to time be imposed by the County Council.

The candidate appointed will be required to devote his whole time to the service of the County Council, to pass a medical examination, and to contribute to the Council's Superannuation Fund. The salary will be £800 a year, rising, subject to satisfactory service, by annual increments of £50, to a maximum of £1000 a year, together with travelling expenses.

The successful candidate may also be required to act as Medical Officer of Health of one or more County Districts in which case certain alterations in the conditions of service would be necessary.

Applications must be made upon a form which can be obtained, together with further particulars, from the County Medical Officer of Health, School Medical and Child Welfare Department, County Offices, Preston, to whom the completed forms should be returned not later than the 25th November, 1939. All communications must be endorsed "Assistant County Medical Officer."

Any form of canvassing is strictly forbidden and will disqualify.

GEORGE EDMONDSON, Clerk of the County Council.

County Offices, Preston, November, 1939.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of HOUSE PHYSICIAN. The appointment will be for six months from January 1st, 1940, but is terminable at an earlier date by one month's written notice on either side. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, November 22nd, 1939.

J. A. BEARDSALL, Secretary-Superintendent.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the post of RESIDENT ANÆSTHETIST AND EMERGENCY OFFICER. The appointment will be for three months from January 1st, 1940. Salary at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, November 22nd, 1939.

J. A. BEARDSALL, Secretary-Superintendent.

Kent Education Committee.

SCHOOL MEDICAL SERVICE.

DENTAL SURGEON.

Applications are invited from qualified candidates, not more than forty years of age, for the post of Dental Surgeon.

The successful candidate will be required to devote his whole time to the duties (which include the treatment of school-children, children under school age, and expectant and nursing mothers), and will work under the supervision of the School Medical Officer. He will be expected to reside in the area allocated to him.

Salary £500 a year, increasing by annual increments of £10 to £550 a year, together with travelling and subsistence allowances.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and is terminable by three months' notice on either side. The successful applicant will be required to pass a medical examination as to physical fitness.

Applications, stating age and full qualifications, accompanied by copies of three recent testimonials, must be forwarded to the undersigned not later than 27th November, 1939.

No form of application will be issued. Canvassing is a disqualification.

CONSTANT PONDER, M.D., School Medical Officer.

County Hall, Maidstone.

Children's Hospital, Nottingham.

Applications are invited for the post of RESIDENT HOUSE SURGEON (Woman). The salary will be at the rate of £150 per annum, with apartments, board, and laundry. The appointment will be for six months, duties to commence on the 1st January, 1940.

Applications, together with testimonials, stating age, qualifications, and experience, to be sent to the Honorary Secretary, 1, King John's Chambers, Bridlesmith-gate, Nottingham, on or before Tuesday, November 21st. Selected candidates will be required to attend at the Hospital for a personal interview.

City of Lincoln.

APPOINTMENT OF DEPUTY MEDICAL OFFICER OF HEALTH.

Applications are invited for the appointment of Deputy Medical Officer of Health. Salary £600–£25–£750.

Applications must be made on the prescribed form not later than 27th November, 1939.

Forms of application and further particulars of appointment may be obtained from the Medical Officer of Health, Beaumont Fee, Lincoln.

G. H. BANWELL, Town Clerk.

Corporation Offices, Lincoln, November, 1939.

The King Edward VII Welsh National

MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners (Male, single) for the post of ASSISTANT RESIDENT MEDICAL OFFICER (twelve months' appointment) at the NORTH WALES SANATORIUM (247 beds for Female pulmonary and Male, Female and Children non-pulmonary cases), DENBIGH, NORTH WALES.

This institution has been graded by the Ministry of Health as a Group 1A Emergency Hospital for the reception of casualties.

Salary £200 per annum, plus maintenance.

Applications, stating age, qualifications, experience, &c., together with copies of three recent testimonials, should reach the undersigned not later than Wednesday, November 29th, 1939.

D. A. POWELL, Principal Medical Officer.

Memorial Offices, Cathays Park, Cardiff.

North Staffordshire Royal Infirmary,
STOKE-ON-TRENT.
(412 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male, unmarried).

The appointment will be for a period of twelve months, renewable. Candidates must possess the Fellowship Diploma of one of the Royal Colleges of Surgeons.

Salary will be at the rate of £350 per annum, with the usual residential emoluments.

Applications, giving particulars of age, experience, qualifications, and enclosing three recent testimonials, should be sent to the undersigned not later than Tuesday, 28th November, 1939.

THORNBURROW GIBSON, Secretary and House Governor.

14th November, 1939.

The Prince of Wales's Hospital,
Greenbank-road, PLYMOUTH.
(Formerly South Devon and East Cornwall Hospital.)
(264 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male). Salary £225 per annum, with board, residence, and laundry.

Appointment is tenable for six months and subject to renewal. Duties to commence 20th December.

Candidates must be registered under the Medical Acts, and it is desirable they should possess the F.R.C.S. England or Edinburgh.

Applications, stating age and qualifications, together with copies of three recent testimonials to reach the undersigned by 1st December, 1939.

ARTHUR R. CASH, General Superintendent and Secretary.

The Prince of Wales's Hospital,
PLYMOUTH.

Applications are invited for the post of SENIOR HOUSE SURGEON for duty at the Devonport Section (64 Beds).

Salary £130 per annum, with board, residence, and laundry.

Appointment is tenable for six months and is subject to renewal. Duties to commence 8th December. Applicants must be registered under the Medical Acts.

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England.

Applications, stating age and qualifications, with copies of three recent testimonials, must reach the undersigned by the 30th November.

ARTHUR R. CASH, General Superintendent.

Royal Sheffield Infirmary and Hospital.
THE ROYAL INFIRMARY, SHEFFIELD.
(476 Beds.)

The Board of Management invite applications for the post of ASSISTANT CASUALTY OFFICER.

Salary is at the rate of £80 per annum, with board and residence, and the appointment will be tenable for the residue of the period of six months commencing 1st November, 1939.

Applications, with copies of testimonials, to be sent to the undersigned forthwith. H. KINGSLEY PEARCE,
General Superintendent and Secretary.

The Royal Infirmary, Sheffield, 6, 11th November, 1939.

Chorley and District Hospital, Chorley,
LANCASHIRE.
(Voluntary General Hospital with 75 Beds.)

HOUSE SURGEON.

Applications are invited for the post of House Surgeon to commence early in December, 1939.

The appointment will be for six months, but the appointed candidate will be eligible for reappointment.

The salary is £150 per annum, with board, residence, and laundry.

Applications, with copies of three recent testimonials, to be sent to the undersigned not later than Thursday, 30th November, 1939.

C. H. SPENCE, Secretary-Superintendent.

City of Manchester.
WITHINGTON HOSPITAL. (1165 Beds.)
(Recognised under the regulations for the F.R.C.S.)

The Public Health Committee invites applications from registered Medical Practitioners for posts of Two RESIDENT ASSISTANT MEDICAL OFFICERS at the above-named hospital which will become vacant early in January, 1940.

The salary for each appointment is £200 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service.

Each appointment will be made in the first instance for a period of six months, renewable for a further six months, but not renewable thereafter.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration, Box 399, Town Hall, Manchester, 2, and applications for the posts must be received by him not later than 6th December, 1939.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 13th November, 1939.

The Royal Cripples Hospital,
BIRMINGHAM.
300 Beds for Acute Cases (including a proportion of patients suffering from Tubercular Bone Disease) and large Out-patient Department.

Applications are invited for the post of RESIDENT HOUSE SURGEON (Male), vacant immediately. Salary £200 per annum, plus car allowance. The appointment, which is for a period of six months, is renewable on the discretion of the Medical Board, and is terminable by one month's notice on either side.

Candidates must be unmarried, and preference will be given to those with previous experience in General and Orthopædic Hospitals.

Applications, with copies of three recent testimonials, to be sent to the General Secretary, Royal Cripples Hospital, 80, Broad-street, Birmingham, 15.

City of Birmingham.
SELLY OAK HOSPITAL. (634 Beds.)

JUNIOR MEDICAL OFFICERS.

Applications are invited from fully qualified Medical Practitioners for the whole-time appointments of Junior Medical Officers at the Selly Oak Hospital, Birmingham. The appointments will be for periods of six months in the first instance, but may be extended at the end of that time for further periods of not exceeding six months.

Salary at the rate of £200 per annum, and full residential emoluments.

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital, to whom applications, stating age, experience, and qualifications, with copies of recent testimonials, should be forwarded not later than Wednesday, 29th November, 1939.

F. H. C. WILTSHIRE, Town Clerk.

The Council House, Birmingham, November, 1939.

Macclesfield General Infirmary.
(General Hospital.) (100 Beds.)

Wanted SECOND HOUSE SURGEON. The appointment is for six months. Salary £150 per annum, with board and residence. Candidates must have had experience in the administration of anæsthetics.

At the end of six months, if satisfactory, will be eligible for the position of Senior House Surgeon.

Applications, with copies of three testimonials, should be sent to the undersigned immediately.

J. N. A. BRISCOE, Secretary.

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Medieval Medical Practitioner, available after one month's notice, to take control of General Practice.—Address, No. 673, THE LANCET Office, 7, Adam-street, Adelphi, W.C.2.

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High-frequency Apparatus with eight electrodes; also Water Pressure Auto-Massage Apparatus, both unused, cheap, for Sale.—Address, No. 675, THE LANCET Office, 7, Adam-street, Adelphi, W.C.2.

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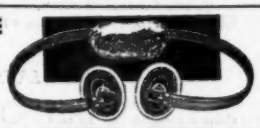

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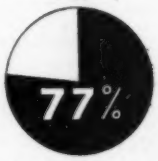
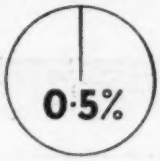
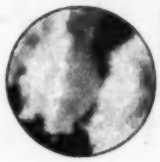


So quick is the enzymic action of Benger's Food that within 2 minutes of adding the hot milk insoluble starch has been reduced to 0.5%.



The milk proteins have simultaneously been modified, so that when prepared Benger's Food comes in contact with the gastric juices it separates into fine flocculi instead of the heavy tough curds formed by milk itself. All this change in two minutes! And by the time the milk used to make Benger's Food is sufficiently cool to drink, the self-digestion of Benger's Food is carried as far as it need be for all cases where digestion is slightly impaired or where light diet is indicated.



For Infants, Invalids and those suffering from severe digestive weakness, the time for pre-digesting Benger's Food should be extended to 15 minutes and upwards to 45 minutes. At the end of this period the wheaten powder is converted to dextrins, dextri-maltose and maltoses, and the milk proteins modified so that the finest possible curd is formed on contact with the gastric juices.

Sole Manufacturers: BENGER'S FOOD, LTD., HOLMES CHAPEL, CHESHIRE.

The Benger Laboratories are always at the disposal of the medical profession in any of their dietetic problems. Physicians' samples of Benger's Food are always available.

PHYTOFEROL

(Vitamin E B.D.H.)

Laboratory investigations have indicated, and clinical results appear to confirm, that not only is Vitamin E of value in the prevention of abortion but that its administration as a routine is an effective means of reducing or even eliminating many of the minor complications of pregnancy and of inhibiting the onset of pre-eclamptic and other toxæmic conditions.

Vitamin E is available for clinical use in a potent, stable and accurately standardised form as Phytoferol (Vitamin E B.D.H.) in capsules each containing the equivalent of 3 mg. of *dl-α*-tocopherol.

Detailed literature describing the nature, function, indications and doses of Phytoferol is available on request.

THE BRITISH DRUG HOUSES LTD. LONDON N.1

Telephone: Clerkenwell 3000 Telegrams: Tetradome Telex London

VitE/S/308

AN IDEAL APERIENT
during a Sulphonamide Treatment

● Contains NO Sulphates

Unlike most aperients, "Fruit Salt" does not contain sulphur or any sulphates. Hence its use during sulphonamide medication is not liable to induce sulphæmoglobinæmia.

● Maintains the Alkali Reserve

During a sulphonamide treatment there is often a fall in the alkali reserve and an increase in urinary acidity. "Fruit Salt," being an efficient systemic alkalizer, will correct these symptoms, and thus establish favourable conditions for the more effective action of the sulphonamide drug.

● Causes NO Systemic Dehydration

Systemic dehydration, which is often caused by laxatives and purges, should be guarded against during sulphonamide ingestion. This condition is avoided by the use of "Fruit Salt," which also accelerates renal elimination of the drug.

ENO'S 'FRUIT SALT'

● *the Aperient of choice during a Sulphonamide Treatment*

E/M.2

Azochloramid

ANTISEPTIC

N-N'-DICHLOROAZODICARBONAMIDINE

SALINE MIXTURE TABLETS

DESCRIPTION—

A tablet form of Azochloramid Saline Mixture for preparing an Isotonic irrigating solution, containing Azochloramid 1 : 3300. Also suitable for use as a wet dressing, hot soak or compress **as officially approved by the Ministry of Health for use in air-raid casualty services.**

N-N'-dichloroazodicarbonamidine has now been accepted by English surgeons as a stable, non-irritating, odourless germicide, non-selective in bactericidal action. Great economy attends its use because of its continued action even in the presence of tissue fluid, pleural exudate, etc., so dressings need not be disturbed except at long intervals, thus saving nurses' time, bandages, etc.

WALLACE & TIERNAN LTD., Power Rd., LONDON, W.4. CHISWICK 6440

VOLPAR

for

VOLuntary **PAR**enthood

Issued in two forms:

VOLPAR GELS

In screw-capped glass tubes containing 1 dozen gels, 2s. 0d.

VOLPAR PASTE

In collapsible tubes containing sufficient for 20 applications, 2s. 0d.

A full size specimen packing of Volpar Gels and of Volpar Paste will be sent on request

THE BRITISH DRUG HOUSES LTD. LONDON N.1

Vol/S/70

HEAD COLDS . .

Protect yourself and those in your care

In wartime many things have to be brought under control apart from the actual enemy. Not the least important of these is the common cold.

The use of 'Benzedrine' Brand Inhaler in the early stages will often abort a cold entirely. Even in the acute stages marked symptomatic relief can be obtained and the onset of more serious complications, such as sinusitis, prevented.

Medical men responsible for the health of various communities must deplore the amount of time and efficiency that is lost owing to head colds and their sequelæ. We shall be glad to send samples of 'Benzedrine' Brand Inhaler to such physicians so that they may investigate the value of this volatile vaso-constrictor in decreasing wastage due to colds and other forms of nasal congestion.

For civilians or members of the fighting forces

For children and adults

Distributed by

MENLEY & JAMES LIMITED

123, COLDHARBOUR LANE, LONDON, S.E.5

for Smith, Kline & French Laboratories, owners of the Registered Trade Mark, 'Benzedrine'

The Pharmacological Chlorophyll Preparation

compounded according to the formula
and under the direction of

E. BUERGI, M.D.

Professor of Medicine at the University of Berne

'PHYLLOSAN'

BRAND OF CHLOROPHYLL TABLETS

For the treatment of
Hardening Arteries, Abnormal Blood Pressure
Cardiac Weakness, Physical Decline
Debility, Neurasthenia, Anaemia

"'Phyllosan' has been before the profession now for fifteen years and has stood the test of time, and the developments indicated point to still greater usefulness for this product in the future."

Vide THE PRESCRIBER, Jan., 1938

A Pamphlet entitled
"Hyperpiesia, Metabolic Disorders, and the Anaemias"
giving laboratory and clinical reports supporting the new Therapy instituted by Professor Buergi will be sent to medical practitioners on request.

NATURAL CHEMICALS LTD., ST. HELENS, LANCASHIRE

IN states of nervous tension there is frequently found an associated impairment of assimilation and nutrition. Conversely it is observed that when measures are taken to provide an easily assimilated food which meets every metabolic need, the patient's condition undergoes definite improvement.

For this purpose, both as an emergency measure and as a regular routine, there is nothing which rivals 'Ovaltine.' This tonic food beverage is a unique combination of malted barley, full cream milk and new-laid eggs from the world-famous 'Ovaltine' Farms. The manufacture is carried out by exclusive extraction processes *in vacuo*, at low temperature, and in such a way that all the important dietetic qualities are fully conserved.

The nutritive and energising constituents of 'Ovaltine' are rapidly assimilated, providing every dietary essential, and at the same time exerting a helpful sedative effect on the nervous system.

'Ovaltine' possesses many advantages, and its outstanding usefulness receives even greater emphasis in war-time practice, both civil and military. 'Ovaltine' was widely used in the war-time hospital service during 1914-1918, both in England and overseas. Supplies are available to hospitals in special packings and at special prices.

A liberal supply for clinical trial sent free on request.

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Branches: CANADA: Peterborough, Ont. AUSTRALIA: 1 York Street North, Sydney. NEW ZEALAND: Maritime Buildings, Custom House Quay, Wellington. SOUTH AFRICA: P.O. Box 597, Cape Town. STRAITS SETTLEMENTS: P.O. Box 660, Singapore. HONG-KONG: 18 Pedder Street. Also at Berne, Paris, Chicago, Milan, Malta, Mauritius, Colombo, Cairo, etc.

Distributing Agents: INDIA: 85a Ripon Street, Calcutta.

M.299

To RECONSTRUCT the body's NATURAL defences

Syrup MINADEX

The formative tonic containing vitamins and minerals

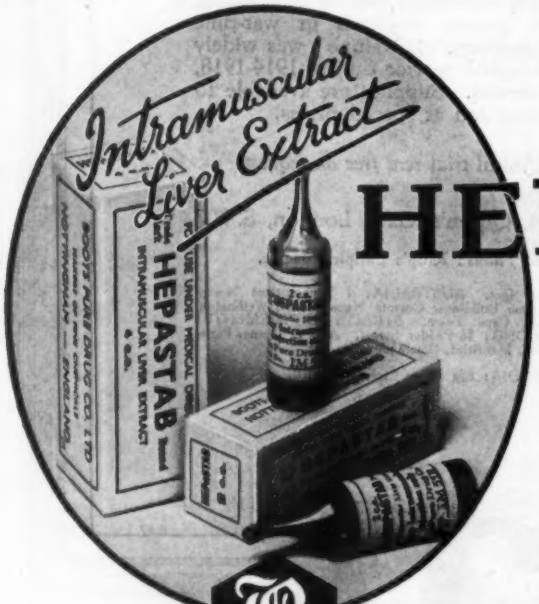
Syrup Minadex is not content merely to stimulate while the body slowly recuperates. Minadex definitely *accelerates* recovery. It contains three groups of therapeutic agents ★ providing, in addition to 'protective' elements, the *formative* factors essential for the repair and growth of the body's natural defences. Minadex is therefore an effective tonic for children, and it has an attractive flavour that children anticipate with relish. For convalescent cases, and for adults suffering from debility or a vague 'run down' feeling, Minadex can be relied upon to promote a sense of well-being, to restore reserves of resistance, and to build up sound positive health. Minadex may be taken from the spoon or in a glass of milk.

★ *Ferri et Ammon. Cit. 13½ grs. Mang. Glycerophosph. 1/25 gr. Cupr. Sulph. 1/25 gr. Calc. Glycerophosph. 2 grs. Pot. Glycerophosph. 1/5 gr. Sod. Glycerophosph. 1/10 gr. Vitamin D 3,000 i.u.*
Vitamin A 18,000 international units.

In 6-oz. bottles, 2/6; 12-oz., 4/6; 80-oz. winchesters, 20/-.

Prices (not applicable in Eire) subject to usual professional discount.

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. BYRon 3434



HEPASTAB

TRADE MARK BRAND

HEPASTAB is a sterile solution of the anti-anæmic factors of mammalian liver specially prepared for intramuscular injection in the treatment of Pernicious Anæmia.

HEPASTAB is of particular value when there is much gastro-intestinal disturbance or when the patient is too ill to take liver or stomach preparations by the mouth.

Every batch of HEPASTAB is tested clinically before issue.

Supplied in 2 c.c. and 4 c.c. Ampoules.

BOOTS PURE DRUG CO. LIMITED
STATION STREET NOTTINGHAM

HIS FIRST CEREAL FEEDING

The baby's first solid food always excites the parents interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically this little fellow is just beginning to eat like a man.

PABLUM is now being fed to infants as early as the third or fourth month because it gets the baby accustomed to taking food from a spoon, but, more important, Pablum early adds essential accessory food substances to the diet. Among these are vitamins B_1 and G and calcium and, equally essential, iron. Soon after a child is born its early store of iron rapidly diminishes and, as milk is poor in iron, the loss is not replenished by the usual bottle-formula. Pablum, therefore, fills a long-felt need, for it is so well tolerated that it can be fed even to the three-weeks'-old infant with pyloric stenosis, and yet is richer than fruits, eggs, meats, and vegetables in iron. Even more significant, Pablum has succeeded in raising the hemoglobin of infants in certain cases where an iron-rich vegetable failed. Pablum is an ideal "first solid food." *Mothers appreciate the convenience of Pablum as it needs no cooking. Even a tablespoonful can be prepared simply by adding milk or water of any temperature.*

Pablum consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, beef bone, alfalfa leaf, brewers' yeast, sodium chloride, and reduced iron.

Mead Johnson & Company, Evansville, Indiana, U.S.A.

MEAD PRODUCTS (Including PABLUM) ADVERTISED ONLY TO PHYSICIANS

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

Brooks & Warburton, Ltd., 232-240 Vauxhall Bridge Road, London, S.W. 1

Interrupted Sleep

. . . a common enough occurrence in these times, and one which, if repeated, undermines the patient's health.

In such cases, a light, quick-acting, and easily excreted hypnotic is required.

The patient has probably woken in the early hours, and therefore requires a drug to send him to sleep at once but allow him to awake feeling refreshed and ready to get up.

'Evipan' tablets fulfil these requirements in every respect. 'Evipan' is powerful enough to carry the patient over the threshold of consciousness into a natural, easy sleep. Its rapid excretion is an insurance against a 'hangover.'

BAYER

THERE IS NO SUBSTITUTE IN QUALITY *for a* BAYER PRODUCT

'Evipan'

TRADE MARK BRAND OF METHEXENYL

TABLETS 4 gr.; Tubes of 10, bottles of 50 and 250

BAYER PRODUCTS LTD., AFRICA HOUSE, KINGSWAY, LONDON, W.C.2

'ENTORAL'

TRADE MARK BRAND

ORAL COLD VACCINE

ONE of the outstanding developments in preventive medicine in recent years has been oral vaccination. Scepticism concerning the efficacy of this method of building general immunity has been largely overcome in view of the good results which have been obtained with 'Entoral.' This vaccine appears to be of real value in preventing upper respiratory infection. The micro-organisms commonly associated with head colds are incorporated in this vaccine as follows:

Each filled capsule of 'Entoral' contains killed:

Pneumococci	**25,000 million**
H. influenzae	**5,000 million**
Streptococci	**15,000 million**
M. catarrhalis	**5,000 million**

'Entoral' brand oral cold vaccine is supplied in bottles of 20 capsules and 60 capsules. One capsule is given with a drink of cold water one-half hour to one hour before breakfast for seven successive mornings. To maintain the antibody content of the blood serum, two capsules should be taken each week throughout the epidemic season. Immunization should be repeated annually.

ELI LILLY AND COMPANY LIMITED
BASINGSTOKE AND LONDON

"HEPATAGEN"

COMPOSITION—Ext. Cascaræ, Ext. Rhei, Jalapin, Podophyllin, Cocainæ Hydrochlor., 1-20th gr. in each fluid drachm.

This preparation does not come under the Dangerous Drugs Act.

A POPULAR remedy for Chronic Biliousness, Catarrhal Jaundice and the Jaundice of simple Hepatic Torpor. **In passive or habitual Congestion of the Liver it has been used with marked benefit.**

In the treatment of acute or temporary constipation in convalescents and in pregnancy, or in the constipation due to sedentary habits, to a deficiency of intestinal secretion and of peristalsis, the mixture can be prescribed with wonderful effect.

The dose is from 10 to 60 minims, according to the age and condition of the patient. One drachm is a direct aperient and is not accompanied by griping or tenesmus.

This preparation is also supplied "sine Cocaina," the dose and price remaining the same.

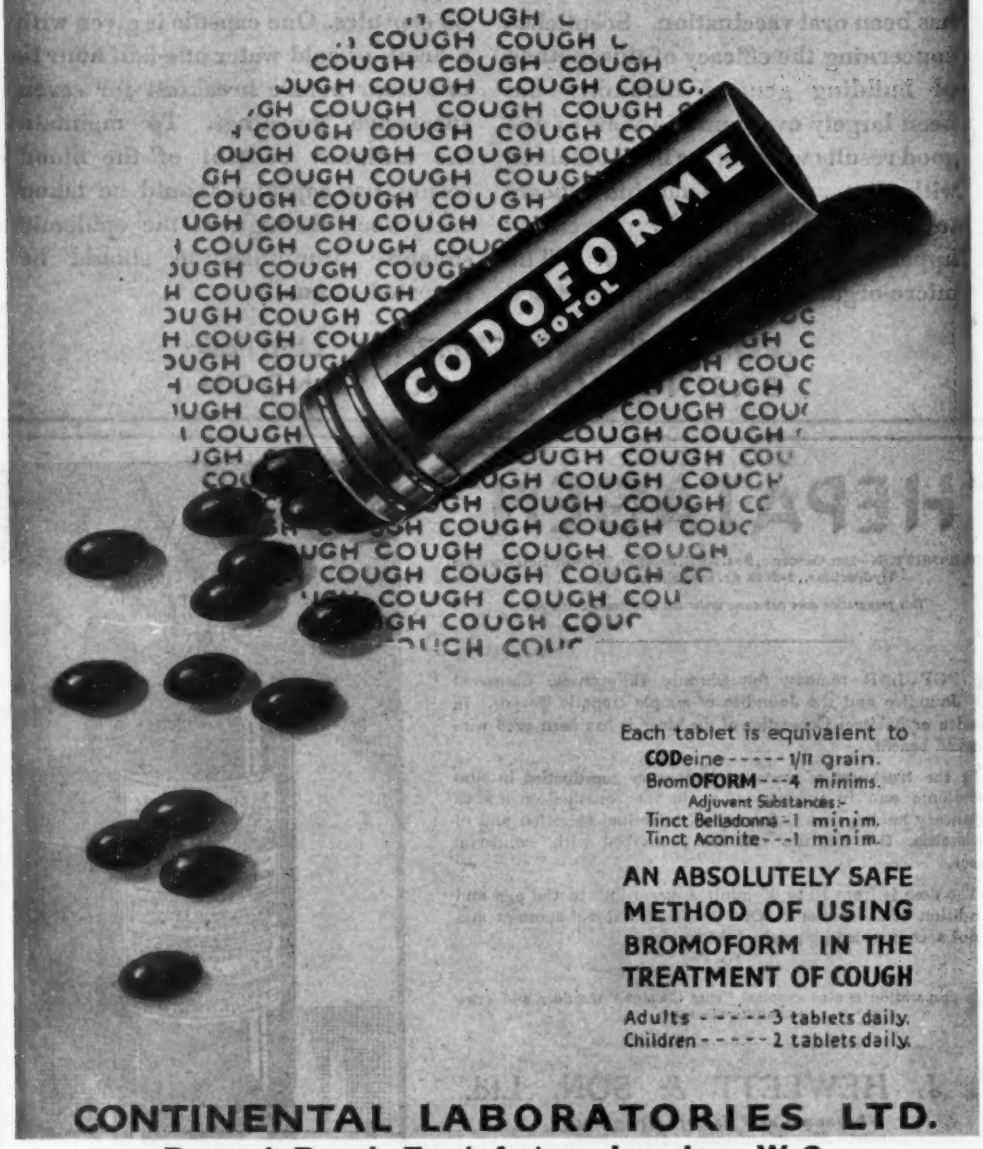
C. J. HEWLETT & SON, Ltd.,

Wholesale and Export Druggists and Manufacturing Chemists,

35 to 42, CHARLOTTE ROAD, LONDON, E.C.2

CODOFORME

BOTOL



Each tablet is equivalent to
CODeine - - - - - 1/11 grain.
BromOFORM - - - 4 minims.
Adjuvent Substances:-
Tinct Belladonna - 1 minim.
Tinct Aconite - - - 1 minim.

AN ABSOLUTELY SAFE METHOD OF USING BROMOFORM IN THE TREATMENT OF COUGH

Adults - - - - - - 3 tablets daily.
Children - - - - - 2 tablets daily.

CONTINENTAL LABORATORIES LTD.

Brunel Road, East Acton, London, W. 3.

AUTUMN DISEASES

—are mostly those of the Respiratory Tract

In Tonsillitis, Acute Bronchitis, Influenza, Tracheitis, Laryngitis, Pharyngitis, the use of the medicated cataplasm, Antiphlogistine Brand Dressing, stimulates the local capillary circulation and, through it, the circulation in the deeper structures. Decongestion of the affected tissues is thereby aided and early resolution facilitated.

Antiphlogistine

BRAND TRADE MARK DRESSING

Made in England

THE DENVER CHEMICAL MANUFACTURING COMPANY

12, CARLISLE ROAD, LONDON, N.W.9

CODOFORME

BOTOL

Each tablet is equivalent to
CODeine - - - - - 1/11 grain.
Brom**OFORM** - - - 4 minims.
Adjuvent Substances:-
Tinct Belladonna - 1 minim.
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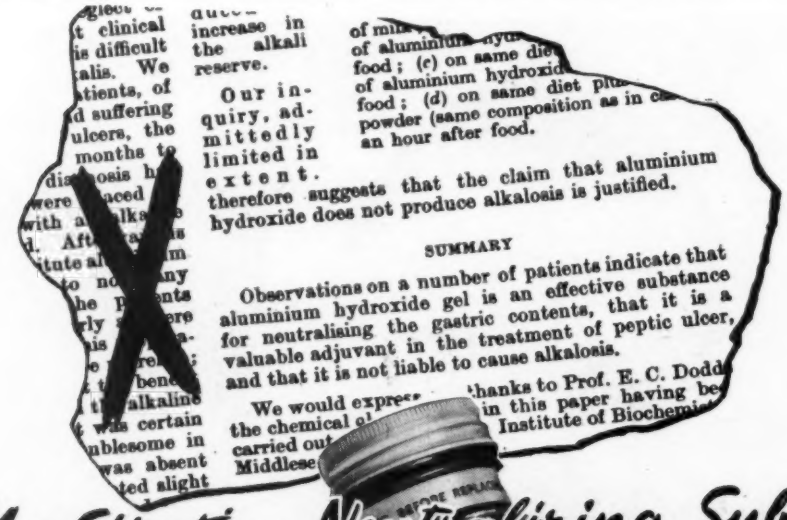
increase in the alkali reserve.

Our inquiry, admittedly limited in extent, therefore suggests that the claim that aluminium hydroxide does not produce alkalosis is justified.

SUMMARY

Observations on a number of patients indicate that aluminium hydroxide gel is an effective substance for neutralising the gastric contents, that it is a valuable adjuvant in the treatment of peptic ulcer, and that it is not liable to cause alkalosis.

"An Effective Neutralizing Substance —Does not produce Alkalosis"

Recently published investigations (see *Lancet*, 4th March, 1939) confirm the basic claims of 'Aludrox' therapy in the treatment of hyperacidity and peptic ulcer—i.e., that it is an effective antacid, that it cannot produce alkalosis, and that it is superior to alkaline mixture.

Write for explanatory literature and samples

Wyeth's

'Aludrox' Brand Amphoteric Gel Regd.

JOHN WYETH & BROTHER LTD, 25 OLDHILL PLACE, LONDON, N.16

IN AGRANULOCYTOSIS . . .

Prompt treatment is essential

Agranulocytosis usually runs a rapid course to a fatal termination unless prompt and adequate measures are taken. When patients are under treatment with any therapeutic agent which has been associated with the occurrence of leucopenia, frequent white blood cell counts and differentials are of great importance.

When agranulocytosis is suspected, immediate withdrawal of the causative agent is indicated, and when the diagnosis has been made, the prompt administration of 'Pentnucleotide' in adequate dosage may mean the difference between success and failure.

'PENTNUCLEOTIDE'

A mixture of the sodium salts of pentose nucleotides for intramuscular use

Distributed by **MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, S.E.5**

In Gastro-Intestinal Disorders

Allenburys

BEEF JUICE

In such conditions it is a primary consideration that the food should be light and unirritating. In gastric and duodenal ulceration and in the dyspepsias, Allenburys Beef Juice may safely and advantageously be given, where beef tea would often increase the pain and have a harmful effect. Because of its high protein and vitamin content, it provides a valuable means of keeping up a patient's strength.

In bottles at 2/- and 3/6 each.

Descriptive literature and clinical trial sample will be sent on application.

ALLEN & HANBURYS LTD., London, E. 2

MEASLES • • MULFORD IMMUNE GLOBULIN (HUMAN)

It is now generally accepted that the injection into susceptible contacts of whole blood or serum from measles convalescents confers either a temporary protection against or modifies the course of measles infection.

Infants at birth are protected against measles by the presence of protective substances derived from maternal blood.

It has now been demonstrated that these protective substances are contained in the globulin fractions extracted from human placental blood and tissue.

MULFORD
IMMUNE GLOBULIN (HUMAN)

is a sterile concentrated human globulin obtained from human placental blood and tissue, and is indicated in the prevention or modification of measles in susceptible contacts.

Issued in 2 cc. and 10 cc. ampule-vials

Literature sent on request

SHARP & DOHME LTD

MULFORD BIOLOGICAL LABORATORIES

76/78 City Road, London, E.C.1

For over 4 YEARS

Pernicious anæmia has been adequately, economically and conveniently treated with

1 cc. Concentrated Solution Liver Extract

(PARENTERAL) *Lederle*

"1 cc. Concentrated Solution Liver Extract Parenteral *Lederle*," available since June 1935, has been generally accepted by the medical profession as a choice of a liver extract for the treatment of pernicious anæmia.

Since treatment must be continued at definite intervals, the use of this clinically tested and potent extract provides for intensive therapy with a minimum of inconvenience to the patient. Adequate maintenance is obtained from injection at intervals of from 3 to 5 weeks.

Available only in boxes of 3—1 cc. vials, each vial containing 15 U.S.P. units at the reduced price of 9/6 the box.

A PRODUCT OF LEDERLE LABORATORIES, Inc. NEW YORK

BLOOD CHANGES

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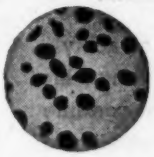
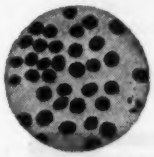


2. During Reticulocyte Response



3. With Adequate Treatment

Distributed in England by Chas. F. Thackray LTD

THE OLD MEDICAL SCHOOL, LEEDS
Telegrams and Cables "Aseptic Leeds"
Telephone 20085 (3 lines)
LONDON: 252 REGENT STREET, W.1
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WAR LIVING

Life to-day is taking toll of the human system in various ways, one of which is increased sensitivity to pain. For this reason more attention should be paid to the methods of preventing and alleviating pain than was formerly considered necessary.

Veganin Tablets afford quick and safe relief in many painful conditions, as well as sedation of the nervous system.

Veganin is a synergistic association of codeine, acetylsalicylic acid and phenacetin. The reason why this combination shows such excellent results is that codeine exerts a general sedative effect, while the acetylsalicylic acid acts as a pure analgesic, and phenacetin, besides its antipyretic effect, considerably lessens pain.

Supplied in tubes of 10 and 20 tablets; quantities of 100, 500 and 1,000 tablets are available for dispensing purposes.

VEGANIN BRAND TABLETS

MADE IN ENGLAND

WILLIAM R. WARNER & CO. LTD., POWER ROAD, CHISWICK, LONDON, W.4

Diseases of the Skin

INFECTIVE CONDITIONS : ECZEMA
WOUNDS : BURNS : BED SORES
ULCERATION : DERMATITIS

A variety of preparations specially prepared for use in dermatological practice.

COLLOZIN

A useful preparation of colloidal zinc hydroxide. Mildly anæsthetic and antiseptic.

EVANS DERMAL POWDER (E.D.P.)

A soothing and potent antiseptic powder, embodying organic iodine. For chronic and infective eczematous conditions. Extremely valuable in bed sores.

STREPTOCIDE OINTMENT*

This has become established as a method of applying the antibacterial properties of streptocide (Sulphanilamide Evans).

*A non-greasy cream is also available.

MEDISOAPS (Midgley)

These medicated soaps are well known to dermatologists. There is an appropriate formula for almost every skin disease.

Samples and technical literature of the above products will be sent on application to:
Home Medical Department, Hanover Street, Liverpool.

Evans Sons Lescher & Webb Ltd.

Liverpool and London

*MYOCRISIN

For intramuscular injection in RHEUMATOID ARTHRITIS

Prognosis in the early stages of **rheumatoid arthritis** has been transformed by the introduction of gold therapy.

●

Provided that the dosage is kept low reactions are usually mild and do not cause serious inconvenience. Exacerbation of symptoms following the injection of **MYOCRISIN** is a favourable prognostic sign.

●

The cost of gold treatment is by no means excessive. A first course comprising a total of 1 gm. divided into 10-12 weekly doses costs approximately thirty shillings.

Supplied in ampoules of aqueous solution:

0.01 gm. at 1/9 0.02 gm. at 2/-
0.05 gm. at 2/6 0.10 gm. at 3/3

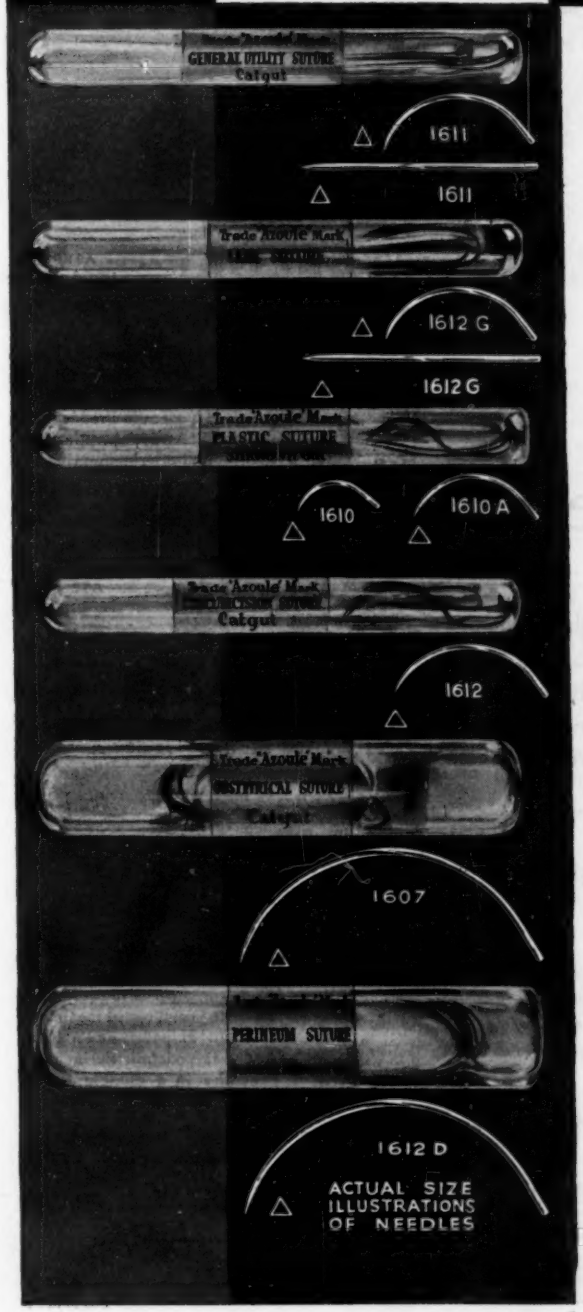
Subject to professional discount.

Also available in ampoules of oily suspension.

* TRADE MARK

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD., DAGENHAM

FOR MINOR SURGERY



AUTHENTICATED A&H EYELESS NEEDLES SUTURES

Ministry of Health Licence No. 6B

Each suture represents the consensus of professional opinion as to the type of needle and suture material most suitable.

All needles are made of stainless steel, and owing to an improved method of attachment, there is no mutilation at the point where the needle joins the suture material.

All A. & H. eyeless needles are slightly flattened at head so as to prevent rotation in needle holder.

Descriptive leaflets will be sent on application.

Allen & Hanburys Ltd.

Manufacturers of Surgical Instruments and Appliances, Hospital Furniture, Sterilized Surgical Sutures, and Electro-Medical Apparatus,

48, WIGMORE STREET, LONDON, W.1

GIFTS with thought behind them

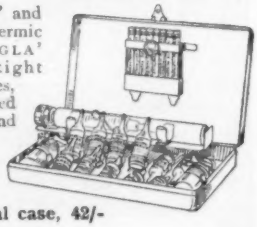
Not alone the thought of the giver. Behind the making and assembly of all 'TABLOID' and 'HYPOLOID' cases is a vast amount of thought coupled with experience of the requirements of Medical Men in civil life and in the services.

The compactness, reliability and durability of these cases are widely known.

Contents of any of these outfits can be varied to meet individual requirements. Prices will vary according to extent of variation from standard.

London Prices to the Medical Profession. All prices liable to fluctuation

TRADE MARK 'HYPOLOID' BRAND
POCKET-CASE, No. 65



Contains 'HYPOLOID' and 'TABLOID' Hypodermic Products, also an 'AGLA' Syringe in spirit-tight container with needles, and glass-stoppered bottles for alcohol and distilled water.

Size: 5½×3⅜×1 in.

Nickel-plated metal case, 42/-

TRADE MARK 'TABLOID' BRAND ASEPTIC HYPODERMIC
POCKET-CASE, No. 7

Fits the pocket like a cigarette case. Contains tubes of 'TABLOID' Hypodermic Products with an 'AGLA' Aseptic Hypodermic Syringe and needles.

Size: 3½×3⅛×⅞ in.

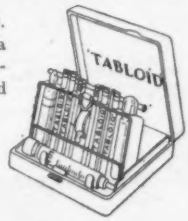
Aluminium case, 30/-
Solid silver case, 110/-

TRADE MARK 'TABLOID' BRAND ASEPTIC HYPODERMIC
POCKET-CASE, No. 23

Similar case to No. 7 (above). In addition it is fitted with a capsule of ether and a glass-stoppered phial for sterilised water.

Size: 3½×3⅛×⅞ in.

Aluminium case, 30/-
Solid silver case, 110/-



TRADE MARK 'TABLOID' BRAND
POCKET-CASE, No. 125

A very comprehensive equipment. 'TABLOID' compressed medicines, 'TABLOID' Hypodermic Products, 'AGLA' Hypodermic Syringe and needles in a durable leather case. Size: 5½×4×1½ in.

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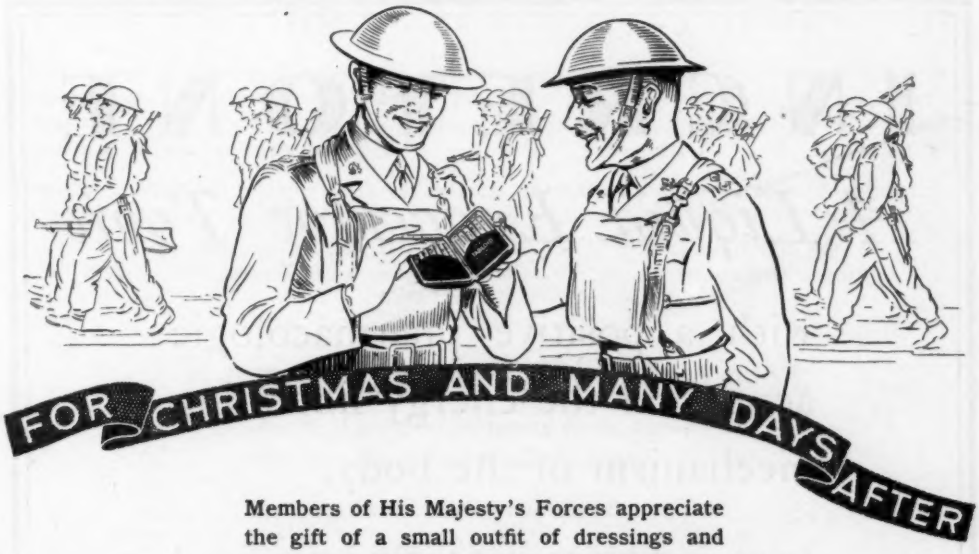

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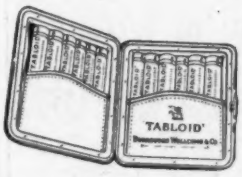
'TABLOID' MEDICINE POCKET-CASE, No. 123



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1. *J. Amer. med. Ass.* 1938, **111**, 11. 2. *Lancet*, 1938, **2**, 1284.

** This ointment contained 50 mg. testosterone per ounce, and was therefore of a lower concentration than Perandren Ointment.*

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The best first artificial food because it resembles breast milk closely in composition and in the ease with which it is digested.

Composition when reconstituted by dilution (1-6) with water as instructed on tins :

Fat	Casein	Lactalbumen	Lactose	Dextrin Maltose	Ca as CaO	P. as P_2O_5	Fe. parts per million	Vitamin D per fl. oz.
3.1%	1%	0.7%	7.3%	3.3%	0.09%	0.16%	4	not less than 14 units

This food is intended for use from birth to 3 months, or for longer periods in dyspeptic infants, who tolerate it readily.

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Protein	Fat	Carbohydrate	Ca as CaO	P. as P_2O_5	Fe parts per million	Vitamin D per fl. oz.
2.8%	2.2%	9.7%	0.14%	0.13%	4	not less than 14 units

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[*See also pp.* 23 & 29]

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	Dry Food %	Reconstituted Food (1 in 8) %
Fat	27.10	3.4
Proteins	26.50	3.3
Lactose	37.45	4.7
Milk Salts	5.85	0.7
Iron Salts	0.90	0.1
Moisture	2.20	87.8
	100.0	100.0
Calorific value per oz.	146.0	18.3
International Vitamin D Units per pint		250

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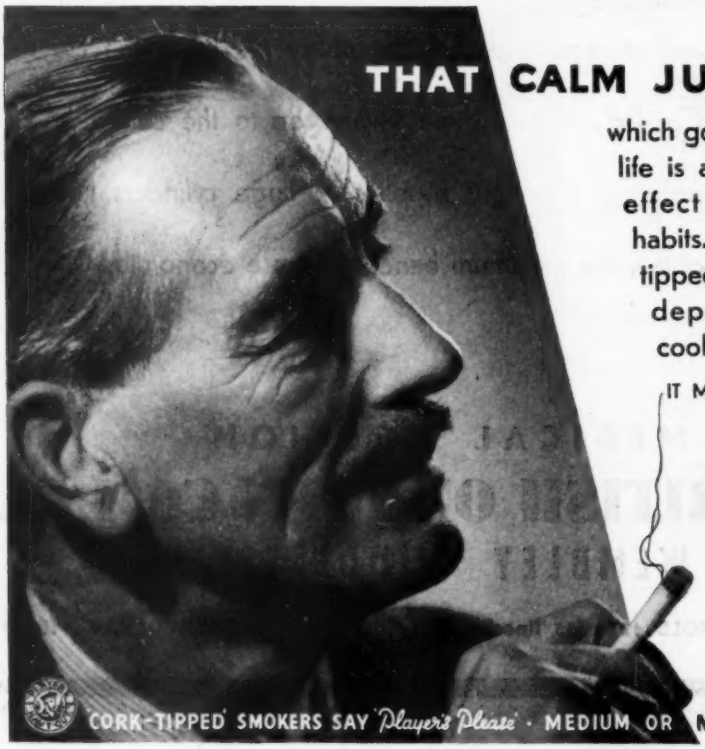

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Telegraphic Address: "Relief, Old Catton." Telephone: 290 Norwich.

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Ladies only received

The Grove, Old Catton, Norwich.

A High-class Home for the Curative Treatment of Nervous Affections. Voluntary Boarders are also received without certificates.

For full particulars apply to the Misses McLINTOCK or to Dr. S. BARTON, 34, Surrey-street, Norwich, Visiting Physician.

NORTHUMBERLAND HOUSE

GREEN LANES,
FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Occupational Therapy, Psychotherapy, and other modern forms of treatment. A.R.P. Shelters.

Telephone: Stamford Hill 2688.

For further particulars apply to the MEDICAL SUPERINTENDENT

Grove House, All Stretton, Church

STRETTON, SHROPSHIRE.

A PRIVATE HOME for the care and treatment of a limited number of Ladies Mentally Afflicted.

Climate healthy and bracing.

Apply to Dr. McCLINTOCK, Proprietor and Resident Medical Superintendent.

MALLING PLACE, KENT

For LADIES and GENTLEMEN of Unsound Mind.

Terms moderate. Apply to Resident Medical Superintendent.
Telegrams: ADAM WEST MALLING. Telephone No. 2: MALLING.

HOME for EPILEPTICS, MAGHULL

(Near Liverpool)

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses.

FEES:
1st Class (men only) from £5 5s. p.w. upwards.
2nd Class (men and women) 32/- p.w.

For further particulars apply Secretary,

C. EDGAR GRISEWOOD, A.C.A., 20, Exchange St. East, Liverpool

THE RESIDENTIAL TREATMENT OF ALCOHOLISM & DRUG ADDICTION

RENDLESHAM HALL (Postal Address), WOODBRIDGE, SUFFOLK

RENDLESHAM HALL, which is open to receive patients, is essentially a Sanatorium. Its daily life and routine are that of an ordinary comfortable holiday or health resort, or of a large country house. Each patient has all the privileges of a guest consistent with the prescribed medical treatment.

Rendlesham Hall has 45 Bedrooms, and about 450 acres of Gardens and Park. It has also a private Nine-hole Golf Course, Tennis and Croquet Lawns, and Bowling Green.

Illustrated Booklet, giving particulars as to terms, etc., can be had on application to

THE RESIDENT MEDICAL SUPERINTENDENT

Telegrams and Telephone: WICKHAM MARKET 216. (Toll Call from London.) *Proprietors:* THE NORWOOD SANATORIUM, LIMITED.

HOLLOWAY SANATORIUM, Virginia Water

A Registered Hospital for the Treatment of

Nervous and Mental Disorders of the EDUCATED CLASSES

(Founded by Thomas Holloway in 1885)

This Institution is situated in a beautiful and healthy locality within easy reach of London. It is fitted with every comfort. Patients can have Private Bedrooms and Special Nurses, as well as the use of General Sitting Rooms, at moderate rates of payment. Voluntary Patients can be admitted.

There is a Branch Establishment at CANFORD CLIFFS, BOURNEMOUTH, where Patients can be sent for a change and be provided with all the comforts of a well-appointed home.

For Terms, apply to the

RESIDENT MEDICAL SUPERINTENDENT, St. Ann's Heath, Virginia Water, Surrey

RUTHIN CASTLE, NORTH WALES

A Clinic for the diagnosis and treatment of Internal Diseases (except Mental or Infectious Diseases).

The Clinic is provided with a staff of doctors, technicians and nurses.

The surroundings are beautiful. The climate is mild. There is central heating throughout. The annual rainfall is 30·5 inches, that is, less than the average for England.

The inclusive weekly fees are from 15 guineas a week, according to the room occupied; rooms with bathroom are from 21 guineas. An examination and consultation fee of 15 guineas is charged on the first visit only.

SPECIAL FEE FOR INVESTIGATION ONLY—30 GUINEAS, including stay up to 10 days and report to doctor. For particulars, apply to

THE SECRETARY, Ruthin Castle, North Wales.

Telegrams: Castle, Ruthin. *Telephone:* Ruthin 66.

MUNDESLEY SANATORIUM

NORFOLK

Resident Physicians:

S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.).
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.).
GEORGE H. DAY, M.D. (Cantab.).

TERMS FROM 7½ GUINEAS WEEKLY

For all information apply: THE SECRETARY.

Telephone: Mundesley 94 and 95 (2 lines)

ST. ANDREW'S HOSPITAL

FOR NERVOUS AND MENTAL DISORDERS,

NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY.

PRESIDENT: THE MOST HON. THE MARQUESS OF EXETER, K.G., C.M.G., A.D.C.

MEDICAL SUPERINTENDENT: THOMAS TENNENT, M.D., M.R.C.P., D.P.H., D.P.M.

This Registered Hospital is situated in 130 acres of park and pleasure grounds. Voluntary patients, who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble; temporary patients, and certified patients of both sexes are received for treatment. Careful clinical, bio-chemical, bacteriological, and pathological examinations. Private rooms with special nurses, male or female, in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided.

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance, to which patients can be admitted. It is equipped with all the apparatus for the complete investigation and treatment of Mental and Nervous Disorders by the most modern methods; insulin treatment is available for suitable cases. It contains special departments for hydrotherapy by various methods, including Turkish and Russian baths, the prolonged immersion bath, Vichy Douche, Scotch Douche, Electrical baths, Plombieres treatment, etc. There is an Operating Theatre, a Dental Surgery, an X-Ray Room, an Ultra-violet Apparatus, and a Department for Diathermy and High-frequency treatment. It also contains Laboratories for bio-chemical, bacteriological, and pathological research. Psychotherapeutic treatment is employed when indicated.

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupational therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

BRYN-Y-NEUADD HALL

The seaside house of St. Andrew's Hospital is beautifully situated in a Park of 330 acres, at Llanfairfechan, amidst the finest scenery in North Wales. On the North-West side of the Estate a mile of sea coast forms the boundary. Patients may visit this branch for a short seaside change or for longer periods. The Hospital has its own private bathing house on the seashore. There is trout-fishing in the park.

At all the branches of the Hospital there are cricket grounds, football and hockey grounds, lawn tennis courts (grass and hard courts), croquet grounds, golf courses, and bowling greens. Ladies and gentlemen have their own gardens, and facilities are provided for handicrafts, such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15

Telegrams: "Alleviated, London." **Telephones: Rodney 2841 and 2842.**

The above House is for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution Occupational therapy, physical drill, and other forms of modern treatment. There is a seaside branch, Kearsney Court, near Dover, to which patients may be sent for treatment or on holiday. Motor drives are arranged when required. Tennis courts. Entertainments, dances, and indoor amusements held throughout the year. Terms from £3 3s. per week. Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

CAMBERWELL HOUSE

Telegrams: "PSYCHOLIA, LONDON." **33, PECKHAM RD., LONDON, S.E.5.** **Telephone: Rodney 4242 (3 lines.)**

For the treatment of MENTAL DISORDERS.

Also completely detached Villas for Mild Cases, with private suites if desired. Voluntary Patients received. Twenty acres of Grounds Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts, Occupational Therapy, Calisthenics, and Dancing Classes X-ray and Actino-therapy, Prolonged Immersion Baths, Operating Theatre, Pathological Laboratory, Dental Surgery, and Ophthalmic Department Chapel Shock and also modified Insulin Therapy.

Senior Physician: Dr. HUBERT JAMES NORMAN, assisted by a resident Medical Staff, and visiting Consultants.

An Illustrated Prospectus, giving fees which are strictly moderate, may be obtained upon application to the Secretary.

The Convalescent Branch is Hove Villa, Brighton, and is 200 feet above sea level.

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 on the Cotswold Hills seven miles from Cheltenham, for the Treatment of Pulmonary and all other forms of Tuberculosis. Aspect S S W., sheltered from North and East, elevation 800 feet. Pure bracing air, SPECIAL TREATMENT by artificial PNEUMOTHORAX (X-ray controlled). TUBERCULINS, and ULTRA-VIOLET RAYS is available when necessary without extra charge X-RAY plant, Fully Equipped Dental Department, Electric Light Radiators, hot and cold basins and Wireless in all rooms. Up-to-date drainage. Full day & night Nursing Staff. **Terms: 5 to 7½ Guineas a week inclusive.**

Med. Supt.: GEOFFREY A. HOFFMAN, B.A., M.B., T.C. Dub. *Asst. Phys.:* MARGARET A. HARRISON, M.B., B.S. Lond. *Cons. Laryngologist:* G. N. BARKER, F.R.C.S. Edin., D.L.O. *Cons. Dent. Surgeon:* GEORGE V. SAUNDERS, L.D.S.R.C.S. Lond. *Phone:* 81 & 82 Witcombe. Apply: *The Secretary, The Cotswold Sanatorium, Cranham, Gloucester. Telegrams:* "Hoffman Birdlip."

PRIOR PLACE SANATORIUM

HEATHERSIDE, CAMBERLEY, SURREY.

FOR THE TREATMENT OF PULMONARY TUBERCULOSIS

Well situated on high ground and surrounded by pines and heather.
All rooms are fitted with electric light, wash basins with hot and cold water, and radiators.
X ray plant. Day and night nursing staff.

RESIDENT MEDICAL SUPERINTENDENT: Dr. H. O. BLANFORD, to whom application for admission can be made.

CRICHTON ROYAL, DUMFRIES For NERVOUS AND MENTAL DISORDERS

Separate Villa for patients suffering from the effects of alcoholism and drug addiction. Every facility for complete investigation and individual treatment on the most modern lines. Fully equipped gymnasium, golf course, and indoor swimming pool. Specially trained occupational and recreational therapists. Private rooms, suites, and special nurses available. As the hospital is well endowed terms are exceptionally moderate, e.g., First Department from 3 guineas per week, Second Department, 2 and 2½ guineas per week. Voluntary and certified patients are received. Medical Certificates given anywhere in the British Isles are valid for admission of patients. *For prospectus, necessary forms, and further information apply to:—*

Physician Superintendent, P. K. McCowan, J.P., M.D., F.R.C.P., D.P.M., Barrister-at-Law. *Tel.* Dumfries 1119.

COURT HALL, KENTON, near EXETER

FOR THE TREATMENT OF EIGHT LADIES, VOLUNTARY, TEMPORARY AND CERTIFIED PATIENTS

CLIFFDEN, TEIGNMOUTH

FOR EARLY AND CONVALESCENT CASES Recreational Therapies are held daily by skilled Leaders

The house stands high with spacious balconies and extensive views of the South Devon Coast. Beautiful garden. Own Dairy in 25 acres. Private road to beach. There is also a charming house, EBWORTHY, MANATON, DARTMOOR, situated in 20 acres, 1100 ft. up for bracing moorland air.

Resident Physicians—BERTHA M. MULES, M.D., B.S. ANNE S. MULES, M.R.C.S., L.R.C.P.

Telephones—STARCROSS 59 and TEIGNMOUTH 289

CHEADLE ROYAL HOSPITAL, Cheadle, Cheshire.

This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.

The Hospital is governed by a COMMITTEE, appointed by the TRUSTEES of the Manchester Royal Infirmary.

In addition to the Main Buildings there are separate villas. Extensive grounds. Hard and grass tennis courts, cricket and croquet grounds, and a court for badminton. There are also wireless installations. Golf may be had within easy distance. Occupational Therapy.

VOLUNTARY, TEMPORARY, AND CERTIFIED PATIENTS received.

The Hospital is nine miles from Manchester, 50 minutes by rail from Liverpool, and 3½ hours from London.

For terms and further particulars apply to the Medical Superintendent, who may be seen in Manchester BY APPOINTMENT *Telephone: Gatley* 2231 (3 lines).

HAYDOCK LODGE,

NEWTON-LE-WILLOWS, LANCASHIRE.

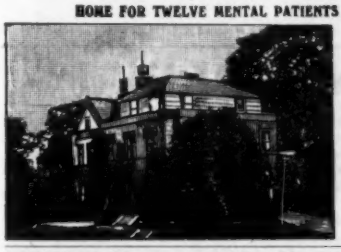
For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

CLARENCE LODGE

CLAPHAM PARK, LONDON

Situated in 3½ acres of secluded gardens

HOME FOR TWELVE MENTAL PATIENTS (LADIES).



Well-appointed private house. Home comforts and Trained Nursing Staff. Eminent Mental Specialist. Visiting Physician.

Station: Clapham Common Tube.

Phone: Tulse Hill 4813

Apply MISS THWAITES.

FENSTANTON, at "FIVE DIAMONDS," Chalfont St. Giles, Bucks.

A Private Home for the Care and Treatment of a limited number of LADIES with Mental and Nervous Disorders. Certified, Voluntary, and Temporary Patients received. Mansion with 12 acres of grounds. (*See Medical Directory*, p. 2312.) Apply Resident Physician. Telephone: Little Chalfont 2046. Station: Chalfont and Latimer.

CITY OF LONDON MENTAL HOSPITAL

Near DARTFORD, KENT.

Ladies and Gentlemen received for treatment under certificates, and without certificates as either VOLUNTARY or TEMPORARY PATIENTS, at a weekly fee of £2 9s., and upwards.

Littleton Hall, Brentwood, Essex.

(18 miles from London.) 400 feet above sea.

A PRIVATE HOME for LADIES situated in large grounds. Voluntary, temporary, or certified cases received. Apply to Dr. HAYNES. Tel.: Brentwood 45.

BROOKE HOUSE, CLAPTON

A PRIVATE HOME for the treatment of Nervous and Mental Disorders in both sexes. Situated in nine acres of Pleasure Grounds.

Voluntary, Temporary, and Certified Patients received.

For further particulars apply—

Dr. ERNEST ROLLINS, Resident Physician.

Tel.: Amherst 1642.

ST. CHRISTOPHER'S NURSERY COLLEGE

TUNBRIDGE WELLS - - KENT

is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
Nervous and delicate infants and children are also accepted and receive individual care and attention. The quiet situation of the College among fields and woods is especially suitable.

Further particulars on application

Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.

Tel. No.: T. W. 595.

THE PARK HOSPITAL

FOR

FUNCTIONAL NERVOUS DISORDERS

Old Road, Headington, Oxford

The above Hospital of 26 beds for patients of both sexes has recently been opened for the active treatment of neuroses, psychoneuroses and allied disorders. Full facilities for special investigations are available.

The Hospital, which has extensive grounds, occupies a quiet and healthy situation on the outskirts of Oxford.

Fees are from
Four Guineas per week

Applications for admission should be made to—

Medical Director:
R. G. McINNES, M.R.C.P.E., D.Psych.
Telephone 6599 Oxford

THE RETREAT, YORK

The Pioneer Hospital for the humane treatment of those suffering from Nervous and Mental Disorders, opened 1796.

This Hospital, administered by a Committee of the Society of Friends, combines what is best in the newer methods of investigation and treatment of nervous and mental illness with a sympathetic and friendly atmosphere.

The hospital, of 200 beds, admitted last year 110 patients, of whom 79 entered on a voluntary basis. It cannot be too widely known that much curative work is accomplished in modern mental hospitals today, and it is not generally appreciated that the recovery rate compares very favourably with that of General Hospitals.

For information and terms of admission, apply to
THE PHYSICIAN SUPERINTENDENT
Dr. Arthur Pool.

THE ROYAL EARLSWOOD INSTITUTION

FOR MENTAL DEFECTIVES, REDHILL, SURREY.

(Formerly the EARLSWOOD ASYLUM.) PATRON: H.M. THE KING.

FOR THOSE REQUIRING CONTROL with EXPERT SUPERVISION and needing SPECIAL TRAINING in useful occupations, *SCHOOLS, FARMING, and various TRADE WORKSHOPS.*

Inclusive fees from £110 p.a. *THOSE UNABLE TO PAY FULL FEES* admitted by votes of subscribers with part payment towards cost.

RECREATIONS: Outdoor games. MALE STAFF BAND for Concerts, Dancing, etc.

Apply: THE MEDICAL SUPERINTENDENT, Earlswood, Redhill, Surrey. *'Phone:* REDHILL 344.

VALE OF CLWYD SANATORIUM

This Sanatorium is established for the treatment of Tuberculosis of the Lungs and the Pleural Cavities. It is situated in the midst of a large area of park-land at a height of 450 feet above sea-level, on the South West slopes of mountains rising to over 1800 feet, which protect it from north and east winds and provide many miles of graduated walks with magnificent views. Average rainfall 29·57 per annum. Full day and night Nursing Staffs. X-Ray plant. Every facility for Artificial Pneumothorax and for operations on the chest. Electric Lighting. Central Heating. Home Farm. Grade A Milk from T.T. Herd.

For particulars apply to Medical Superintendent.

H. MORRISTON DAVIES, M.D., M.Ch. (Cantab.), F.R.C.S., Llanbedr Hall, Ruthin, N. Wales.

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS.

Extensive grounds. Detached Villas. Chapel. Garden and Dairy Produce from own farm. Terms very moderate.

CONVALESCENT HOME AT BOURNEMOUTH Detached Villas standing in 12 acres of ornamental grounds, with tennis courts, etc., which Voluntary, Temporary or Certified Patients may visit by arrangement for long or short period.

Illustrated Brochure on application to the Medical Superintendent. The Old Manor, Salisbury. Telephone: Salisbury 3216 and 3217.

BROMPTON HOSPITAL
and FRIMLEY SANATORIUM

PAYING PATIENTS RECEIVED

BOTH MEDICAL and SURGICAL CASES

5 to 8 guineas per week at the Hospital. 3 to 4 guineas per week at the Sanatorium

APPLY TO THE SECRETARY:—BROMPTON HOSPITAL, S.W.3

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
M.S. (Lond.), 1901-38 (including 4 Gold Medallists) ..	24
M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.)..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287 ; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.)..	704

M.D. (various), by Thesis. Many Successes.

D.O.M.S., D.L.O., D.P.M., &c. Many Successes.

MEDICAL PROSPECTUS (47 pages), sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

QUEEN CHARLOTTE'S MATERNITY HOSPITAL

MARYLEBONE ROAD, N.W.1

(Open as Usual.)

Medical Students admitted to the Practice of this Hospital. Unusual opportunities are afforded of seeing Obstetrical Complications and Operative Midwifery (about one-half of the total admissions being primiparous cases). Normally over 3000 patients are admitted to the Wards annually, and in the Ante-Natal Department there are over 20,000 attendances per annum.

Clinical Demonstrations are given by the staff. Applications invited. For rules, fees, &c., apply Secretary-Superintendent.

Queen Charlotte's Maternity Hospital,

Marylebone-road, N.W.1.

Applications are invited from registered Medical Practitioners for the following appointments :—

(*a*) ASSISTANT RESIDENT MEDICAL OFFICER (Male). Salary £100 per annum.

(*b*) RESIDENT ANÆSTHETIST AND DISTRICT RESIDENT MEDICAL OFFICER. Salary £100 per annum. Allowance for car.

With board, residence, and laundry allowance (4s. weekly). Appointments to commence on 1st January, 1940.

The Assistant Resident Medical Officer is appointed for three months, and on completion will be eligible to apply for the post of Senior Resident Medical Officer (salary £125 per annum).

Obstetric experience desirable.

Applications, stating age, medical school, qualifications, and previous appointments, should be sent to the Secretary as soon as possible, together with copies of three testimonials.

SEYMOUR LESLIE, Acting Secretary-Superintendent.

The Hospital for Sick Children,

Great Ormond-street, London, W.C.1.

Two HOUSE PHYSICIANS and two HOUSE SURGEONS are required. One of each to take up duty, if possible, forthwith.

The appointments are tenable for six months. Salaries at the rate of £100 per annum, with full board and residence.

Candidates, who must possess a legal qualification to practise, and preferably have held a responsible resident appointment at a General Hospital, are required to send in their applications and recent testimonials by NOON on Thursday, the 30th November, 1939, and to attend for interview by appointment at a later date.

Further particulars and forms of application are obtainable from the undersigned.

HERBERT F. RUTHERFORD, Secretary.

November, 1939.

The Samaritan Free Hospital for

WOMEN, Marylebone-road, N.W.1.

Applications are invited for the post of HOUSE SURGEON (Lady or Gentleman) for a period of six months, commencing December 15th next. Salary at the rate of £100 per annum, with board, lodging, and laundry. Previous experience as House Surgeon essential.

Applications, stating age, accompanied by copies only of testimonials, should be sent to the Secretary at the Hospital not later than NOON, Thursday, November 30th, 1939.

G. H. HAWKINS, Secretary.

London County Council.

INFECTIOUS HOSPITALS.

Applications invited from Medical Practitioners of at least one year's standing for undermentioned positions at various hospitals for infectious diseases. Experience in a resident appointment in a general hospital for at least six months desirable. Married quarters not available.

TEMPORARY ASSISTANT MEDICAL OFFICERS (CLASS I).—Salary £350–£25–£425, with board, lodging, and washing. Experience in infectious diseases essential.

TEMPORARY ASSISTANT MEDICAL OFFICERS (CLASS II).—Salary £250 a year, with board, lodging, and washing. Officers are eligible for promotion to Class I (temporary) after a minimum period of six months' service.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division, 2, County Hall, S.E.1, returnable by 11th December.

Canvassing disqualifies.

Dreadnought Seamen's Hospital,

Greenwich, S.E.10.

Vacancies will occur for HOUSE PHYSICIANS and HOUSE SURGEONS as from 1st January, 1940. Salary at the rate of not less than £110 per annum, with board, residence, and laundry.

Applications, with copies of three testimonials, to be sent in on or before 7th December to the undersigned.

F. A. LYON, Secretary.

County Council of Middlesex.

CENTRAL MIDDLESEX COUNTY HOSPITAL,
Acton-lane, Willesden, N.W.10.

MEDICAL SUPERINTENDENT.

The County Council invites applications for the post of Medical Superintendent of Central Middlesex County Hospital. Candidates must be registered Medical Practitioners and, in addition to a wide knowledge of general medicine and surgery, experience in the administration of a large hospital is essential.

The Central Middlesex County Hospital is a general hospital which has recently been extensively modified and enlarged, and has accommodation for over 900 patients, of whom more than half are suffering from acute conditions. There is an out-patient department, and special departments which have been organised include X-ray, electrical, massage, ophthalmic, ear, nose, and throat, ante-natal, gynæcological, pathological, psychiatric and dental.

The Medical Superintendent of Central Middlesex County Hospital is required to exercise supervision over the medical arrangements at certain other institutions belonging to the County Council at which medical attendance is provided by the Hospital, and to carry out such other duties as the Council may from time to time direct.

The officer appointed will be required to devote his whole time to the duties of his office ; he will not be allowed to engage in private practice, and any fees received by him must be paid over to the County Council. The appointment will be subject to three months' notice and will be to the pensionable staff and subject to medical examination.

Salary £1300 per annum, rising by annual increments of £50 to £1500 per annum, and, after attaining the maximum salary of the grade and after eight years' service as Medical Superintendent, by two further yearly increments of £50 to £1600 per annum, together with an unfurnished house in the hospital grounds, with light, heating, water, &c., valued at £205 per annum.

Applications, stating name, age, qualifications, and experience, together with copies of not more than three recent testimonials, must be received by the undersigned not later than 2nd December, 1939. No application forms provided. Relationship to any member or officer of the Council must be disclosed in the application. Canvassing, directly or indirectly, disqualifies.

C. W. RADCLIFFE, "B.3," Clerk of the County Council.

Middlesex Guildhall, Westminster, S.W.1.

Royal Berkshire Hospital, Reading.

Applications are invited for the post of RESIDENT ANÆSTHETIST which falls vacant immediately.

The appointment is for six months in the first instance.

Candidates must be fully qualified and registered, and have had considerable experience in the administration of anæsthetics. A salary of £250 per annum, with board, residence, and laundry will be paid to the candidate possessing suitable qualifications for the post.

Applications, stating age and experience, with copies of not more than three recent testimonials, to be sent to the undersigned as soon as possible.

H. E. RYAN, Secretary and House Governor.

The Royal Hospital, Wolverhampton.

(Incorporated under Royal Charter.)

Applications are invited for the post of SURGICAL REGISTRAR. Salary £350 per annum.

The post will be non-resident and the successful candidate will be allowed private consulting practice.

One of the higher qualifications in surgery and experience of major surgery are essential.

Duties and conditions of appointment on application to—

W. H. HARPER, House Governor.

18th November, 1939.

HIS MAJESTY'S COLONIAL SERVICE

THE COLONIAL MEDICAL SERVICE

Before the end of the year the Secretary of State for the Colonies proposes to select a limited number of Medical Officers for Service mainly in Tropical Africa. They will be required to attend a course of instruction in Tropical Medicine and Hygiene commencing in January before proceeding overseas.

Qualifications: Applicants, who must be British subjects of European parentage and under thirty-five years of age, must be fully qualified.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 8, Buckingham Gate, London, S.W.1.

City of Birmingham.

SELLY OAK HOSPITAL. (634 Beds.)

JUNIOR MEDICAL OFFICERS.

Applications are invited from fully qualified Medical Practitioners for the whole-time appointments of Junior Medical Officers at the Selly Oak Hospital, Birmingham. The appointments will be for periods of six months in the first instance, but may be extended at the end of that time for further periods of not exceeding six months.

Salary at the rate of £200 per annum, and full residential emoluments.

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital, to whom applications, stating age, experience, and qualifications, with copies of recent testimonials, should be forwarded not later than Wednesday, 29th November, 1939.

F. H. C. WILTSHIRE, Town Clerk.

The Council House, Birmingham, November, 1939.

The King Edward VII Welsh National

MEMORIAL ASSOCIATION.

Applications are invited from duly registered Medical Practitioners (Male, single) for the post of ASSISTANT RESIDENT MEDICAL OFFICER (twelve months' appointment) at the NORTH WALES SANATORIUM (247 beds for Female pulmonary and Male, Female and Children non-pulmonary cases), DENBIGH, NORTH WALES.

This institution has been graded by the Ministry of Health as a Group 1A Emergency Hospital for the reception of casualties.

Salary £200 per annum, plus maintenance.

Applications, stating age, qualifications, experience, &c., together with copies of three recent testimonials, should reach the undersigned not later than Wednesday, November 29th, 1939.

D. A. POWELL, Principal Medical Officer.

Memorial Offices, Cathays Park, Cardiff.

Merton and Morden Urban District

COUNCIL.

APPOINTMENT OF MEDICAL OFFICER OF HEALTH.

Applications are invited for the appointment of Medical Officer of Health for the Urban District of Merton and Morden. The appointment will be subject to the provisions of the Sanitary Officers (Outside London) Regulations, 1935.

Candidates must not be more than forty-five years of age. The person appointed will be required to perform all the duties of a Medical Officer of Health under relevant Acts and Orders, including Maternity and Child Welfare, and will also be required to carry out such other duties as the Council may, with the consent if necessary of the Minister of Health, from time to time direct.

The person appointed will be expected to reside within the Urban District of Merton and Morden. He will be restricted from engaging in private practice and will be required to devote his whole time to the duties of the office. He will also be required to supervise the First-Aid Services in connexion with the local Air-Raid Precautions Scheme.

The appointment will be subject to the approval of the Minister of Health. The successful candidate will be required to contribute towards the Superannuation Scheme and will be required also to pass a medical examination.

The salary will be £800 per annum, rising by annual increments of £75 to a maximum salary of £1200 per annum. In addition, an annual travelling allowance of £50 will be made. Office accommodation, stationery, and clerical assistance will be provided by the Council.

Applications, stating age and date of birth, qualifications and experience, accompanied by copies of not more than three recent testimonials, should be addressed to the Clerk, Dorset Hall, Kingston-road, Merton, S.W.19, so as to reach him not later than 12 o'clock noon on Monday, the 11th December, 1939, endorsed "Medical Officer of Health."

Canvassing in any manner whatsoever is prohibited and will disqualify candidates.

C. J. MOUNTIFIELD, Clerk of the Council.

Dorset Hall, Kingston-road, Merton, S.W.19,
15th November, 1939.

University of Oxford.

NUFFIELD PROFESSORSHIP OF ORTHOPÆDIC SURGERY.

Applications are invited for the above Professorship, and should reach the Registrar of the University not later than 16th December, 1939.

Stipend £1200 per annum and £600 as Clinical Director of the Wingfield Morris Hospital. Private practice not allowed. Residence required during 40 weeks in each academic year. Age limit sixty.

Further particulars may be obtained from the Registrar, University Registry, Oxford.

Hospital Convalescent Home,

PARKWOOD, SWANLEY, KENT.

(For the reception of patients (Women and Children) in an early stage of convalescence from the London Hospitals. 120 Beds.)

The Trustees of the Home invite applications for the post of LADY RESIDENT MEDICAL OFFICER which will become vacant on 1st January, 1940. The appointment is for a period of six months. Salary £200 per annum, with quarters and full board. Candidates should have had recent hospital experience.

Applications, stating age, qualifications, and full details of experience, should be accompanied by copies of three recent testimonials and addressed to C. M. POWER, Esq., Secretary, Hospital Convalescent Home, c/o Westminster Hospital, London, S.W.1, on or before Saturday, 9th December, 1939.

Saint Mary's Hospitals,

WHITWORTH PARK, MANCHESTER.

HONORARY SURGEON FOR CHILDREN.

Applications are invited for the post of Honorary Surgeon in the Children's Department. This appointment will be temporary for the duration of the war, and will be terminable within twelve months of the conclusion of hostilities. Candidates should be Members or Fellows of the Royal College of Surgeons.

Applications and three testimonials (twenty copies), together with Certificate of Registration, should be sent to: The Chairman, Saint Mary's Hospitals, Whitworth Park, Manchester 13, on or before 11th December, 1939. Particulars of duties may be obtained from the undersigned.

A. R. WISE, Superintendent and Secretary.

North Staffordshire Royal Infirmary,

STOKE-ON-TRENT.

(412 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male, unmarried).

The appointment will be for a period of twelve months, renewable. Candidates must possess the Fellowship Diploma of one of the Royal Colleges of Surgeons.

Salary will be at the rate of £350 per annum, with the usual residential emoluments.

Applications, giving particulars of age, experience, qualifications, and enclosing three recent testimonials, should be sent to the undersigned not later than Tuesday, 28th November, 1939.

THORNBURROW GIBSON, Secretary and House Governor.

14th November, 1939.

Royal Manchester Children's Hospital,

PENDLEBURY, near MANCHESTER. (232 Beds.)

RESIDENT HOUSE SURGEON.

Applications are invited for the post of Resident House Surgeon. Salary £100 per annum. The appointment is for a period of six months commencing 1st January, 1940. Candidates must be unmarried and duly registered. Previous hospital experience essential.

Applications, stating age and accompanied by copies of not more than three recent testimonials, to be sent to the undersigned not later than Wednesday, 29th November, 1939. Canvassing, directly or indirectly, may disqualify.

By order.

H. HEARDMAN, Secretary.

County Borough of Huddersfield.

ASSISTANT SCHOOL MEDICAL OFFICER.

Applications are invited for the above post, for which a good knowledge of diseases of children and experience in bacteriology are essential.

Salary according to scale—£500 per annum, increasing to £700. The commencing salary will be based on the candidate's previous experience.

The post is designated under the Superannuation Act, 1922, and the appointment, therefore, is subject to a satisfactory medical examination.

The post is a temporary one to be held for the duration of the war, or terminable by one month's notice on either side.

Applications, stating age and giving full particulars regarding training, qualifications, and appointments held since qualification, should be forwarded to the Medical Officer of Health, along with copies of two recent testimonials, so as to reach him not later than Thursday, the 30th November, 1939.

The Prince of Wales's Hospital,

Greenbank-road, PLYMOUTH.
(Formerly South Devon and East Cornwall Hospital.)
(264 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male). Salary £225 per annum, with board, residence, and laundry.

Appointment is tenable for six months and subject to renewal. Duties to commence 20th December.

Candidates must be registered under the Medical Acts, and it is desirable they should possess the F.R.C.S. England or Edinburgh.

Applications, stating age and qualifications, together with copies of three recent testimonials to reach the undersigned by 1st December, 1939.

ARTHUR R. CASH, General Superintendent and Secretary.

The Prince of Wales's Hospital,

PLYMOUTH.

Applications are invited for the post of SENIOR HOUSE SURGEON for duty at the Devonport Section (64 Beds).

Salary £130 per annum, with board, residence, and laundry.

Appointment is tenable for six months and is subject to renewal. Duties to commence 8th December. Applicants must be registered under the Medical Acts.

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England.

Applications, stating age and qualifications, with copies of three recent testimonials, must reach the undersigned by the 30th November.

ARTHUR R. CASH, General Superintendent.

City of Manchester.

BOOTH HALL HOSPITAL FOR CHILDREN.
(760 Beds.)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER at the above-named Hospital.

The salary for the appointment is £400 per annum, rising by £25 annually to a maximum of £450 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service.

Applicants must hold a higher qualification in surgery, and must have had previous experience in residential hospital posts.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box No. 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than 9th December, 1939.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 20th November, 1939.

Chesterfield and North Derbyshire

ROYAL HOSPITAL.
(220 Surgical and Medical Beds.)

HOUSE SURGEON TO OPHTHALMIC AND EAR, NOSE AND THROAT DEPARTMENTS.
HOUSE PHYSICIAN.

Applications are invited from fully qualified Men for the above posts.

The appointments are for six months each.

Salary at the rate of £150 per annum, with board, apartments, and laundry.

Applications, stating age and nationality, together with copies of three recent testimonials, should be sent to the undersigned by 1st December.

M. H. BOONE, Superintendent and Secretary.

20th November, 1939.

Bootle General Hospital,

LINACRE LANE, BOOTLE.
(140 Beds.)

Applications are invited for HOUSE PHYSICIAN for the period ending 31st March next.

Salary £150 per annum with board, residence, and laundry.

Applicants must be duly qualified and registered under the Medical Acts.

Applications, with copies of testimonials, should be sent to the Secretary-Superintendent as soon as possible.

Staffordshire County Council.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

The County Council invite applications for the appointment of a Deputy County Medical Officer of Health at a commencing salary of £850, rising by annual increments of £50 to £1100.

Reasonable travelling expenses will be paid by the County Council.

Applicants must be duly registered Medical Practitioners, holding a degree or diploma in public health, and the gentleman appointed will be required to devote the whole of his time to the duties of the office.

He will be required to undertake any duties required of him by the Council bearing on the health and medical services of the county.

He will be required to act under the administrative control of, and to be responsible to, the County Medical Officer of Health for his duties.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the statutory contributions to the Superannuation Fund under that Act will be deducted from the salary.

The successful candidate will be required to undergo a medical examination and to produce his birth certificate.

Applications, marked "Deputy County Medical Officer," together with copies of not more than three recent testimonials, must be sent to the undersigned not later than the 7th December, 1939.

Candidates receiving no reply by the 18th December, 1939, may assume the vacancy has been filled.

H. L. UNDERWOOD, Clerk to the County Council.

County Buildings, Stafford, 20th November, 1939.

New Zealand.

COOK HOSPITAL, GISBORNE.

Applications, closing on 23rd December, 1939, are invited from fully qualified and registered Medical Practitioners for the post of Whole-time RADIOLOGIST at a salary of £1000 (N.Z.) per annum.

Candidates holding the Diploma in Medical Radiology or other equivalent diploma preferred.

Applications, giving full particulars as to age, qualifications, experience, and accompanied by copies of not more than three testimonials, should be addressed to the High Commissioner for New Zealand, 415, Strand, London, W.C.2, from whom further particulars can be obtained.

University of Durham.

KING'S COLLEGE, NEWCASTLE-UPON-TYNE.

Applications are invited from registered Medical Practitioners for the joint post of DEMONSTRATOR IN PATHOLOGY in the Medical School and ASSISTANT PATHOLOGIST to the ROYAL VICTORIA INFIRMARY, Newcastle-upon-Tyne. The appointment will be a whole-time one, renewable annually for a period not exceeding three years. Salary £300 per annum.

Applications (twelve copies), stating previous experience, accompanied by the names of not more than three referees, should be forwarded on or before 15th December, 1939, to the undersigned, from whom further particulars may be obtained.

W. G. B. OLIVER, Registrar.

King's College, Newcastle-upon-Tyne, 2.

Royal Isle of Wight County Hospital,

RYDE.

HOUSE SURGEON wanted immediately, Lady, unmarried, qualified and registered. Salary at the rate of £140 a year, with board, residence, and laundry.

Apply, stating age and nationality, enclosing copies of testimonials, to Secretary before Saturday, December 9th. Return third-class fare for selected candidates.

A. S. GORDON, Secretary.

Norfolk and Norwich Hospital,

NORWICH. (406 Beds.)

Applications are invited for the post of HOUSE SURGEON to the SPECIAL DEPARTMENTS (EAR, NOSE AND THROAT AND OPHTHALMIC). Salary £160 per annum, with board, residence, and laundry. Candidates must be unmarried and must possess registered qualifications.

Applications, stating age, nationality, &c., together with copies of testimonials, should be forwarded to the undersigned as soon as possible.

FRANK INCH, House Governor and Secretary.

24th November, 1939.

Oldham Royal Infirmary.

(183 Beds.)

Applications are invited from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER (Male).

The appointment in the first instance will be for a period of twelve months, but could be renewed for a further period.

Duties to commence in January, 1940.

Salary at the rate of £400 per annum, with board, residence, and laundry.

Applicants must be Fellows of one of the Colleges of Surgeons, and must have had considerable experience in this capacity in a large General Hospital.

Applications, together with copies of three recent testimonials, to be addressed to The President, The Royal Infirmary, Oldham, not later than Thursday, the 30th November, 1939.

F. W. BARNETT, General Superintendent and Secretary.

Mothers' Clinic, 103, The Mount, BELFAST.

Applications are invited for the post of Part-time WOMAN MEDICAL OFFICER, to attend one afternoon per week for contraceptive teaching and gynæcological advice. Small honorarium per session.

Preference given to married candidates.

Applications, with details, to Headquarters Mothers' Clinics, 108, Whitfield-street, London, W.1.

Royal Sussex County Hospital, BRIGHTON.

CASUALTY HOUSE SURGEON (Male) required 1st January. Salary £120 per annum, with board, residence, and laundry. Candidates must hold medical and surgical qualifications of the British Empire and be duly registered under the Medical Acts. They must be unmarried, and when elected under thirty years of age.

Applications, with copies of recent testimonials, to be forwarded to the undersigned as soon as possible.

L. L. W. LANCASTER-GAYE, Secretary-Superintendent.

Southend General Hospital.

Applications are invited for Two HOUSE SURGEONS' POSTS, both of which are recognised by the Royal College of Surgeons for surgical practice required before admission to the Final Fellowship Examination.

The appointments will be for six months from 9th December, but are terminable at an earlier date by one month's written notice on either side.

Salary £100 per annum, with board, residence, and laundry.

Candidates (Male), who must be unmarried and duly registered, are asked to forward their applications, stating age, qualifications, &c., with copies of not more than three testimonials, to the undersigned not later than Friday, 1st December.

P. H. CONSTABLE, Secretary.

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8. HANTS.—Country within easy reach of coast.—A One-fourth Share is offered in old-estd. Practice producing over £6000 p.a. Panel 1800 patients. Various appts. Modern house, with good garden, on rental. Premium £2668.
9. MIDDX.—A One-third Share to produce about £1400 p.a. is offered in old-estd. Practice. Panel about 2000. Various appts. Ingoing partner can choose own residence.
10. LONDON, W.—Residential district.—Death vacancy.—Very old-estd. private and better-class PRACTICE for immediate disposal. Income about £1500 p.a. Freehold house available, or purchaser could rent a flat if desired. Offers invited.
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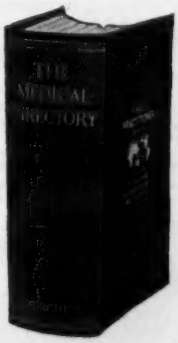

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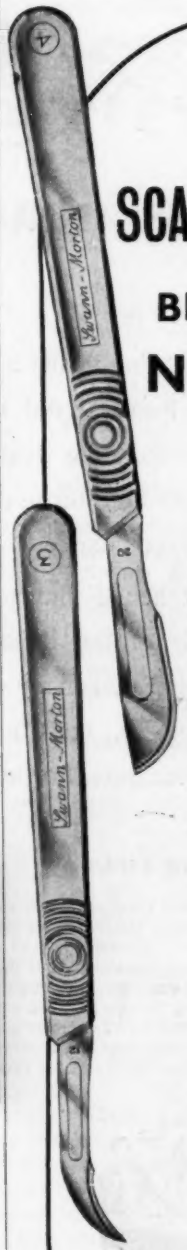

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Port

VINTAGE 1939. Owing to the backwardness of the season, picking in the Douro district of Portugal did not become general until about the 2nd October. Unfortunately the weather had broken during the last week of September, and heavy rain storms developed, causing considerable damage to grapes in the lower country.

For the most part actual vintage operations took place in fine weather, and although some of the Baixa Corgo (or lower country) wines are poor, it is anticipated that many of those made in the really fine districts of the Douro Valley, i.e., the Cima Corgo (or upper country), will be of excellent quality, the musts showing good body, colour, and sugar contents.

Vintages 1934 and 1935

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Vintage 1927

The 1927's are now coming into consumption, having completed their ten years in bottle. They have developed somewhat sooner than was originally expected, but they still have much body and fruit and although admirable wines for immediate use, they will continue to improve for very many years.

Vintages 1920 and 1917

These are now well in the forefront of general consumption. At one time it was thought that the 1917's would outstrip the 1920's, the latter having more body and colour, but the richness of the former has kept them in their natural place, and although there is nothing finer for present day use, the 1917's will undoubtedly continue to develop for many years to come.

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Each tablet of 'Ovendosyn' contains 0·5 mg. STILBŒSTROL and 227 mg. CALCIUM PHOSPHATE. The preparation, therefore, is capable of bringing about all the beneficial effects of the new synthetic œstrogenic analogue and also has the additional advantage of supplying a mineral element that is of the greatest importance—especially in cases of dysmenorrhœa and during the climacteric.

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It has been found recently that 'Ovendosyn' is extremely helpful to women over forty when undergoing abnormal mental or physical strain.

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BRAND
TABLETS

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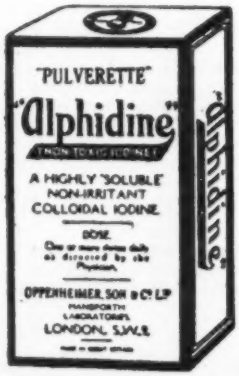

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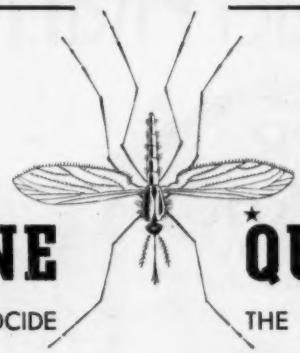

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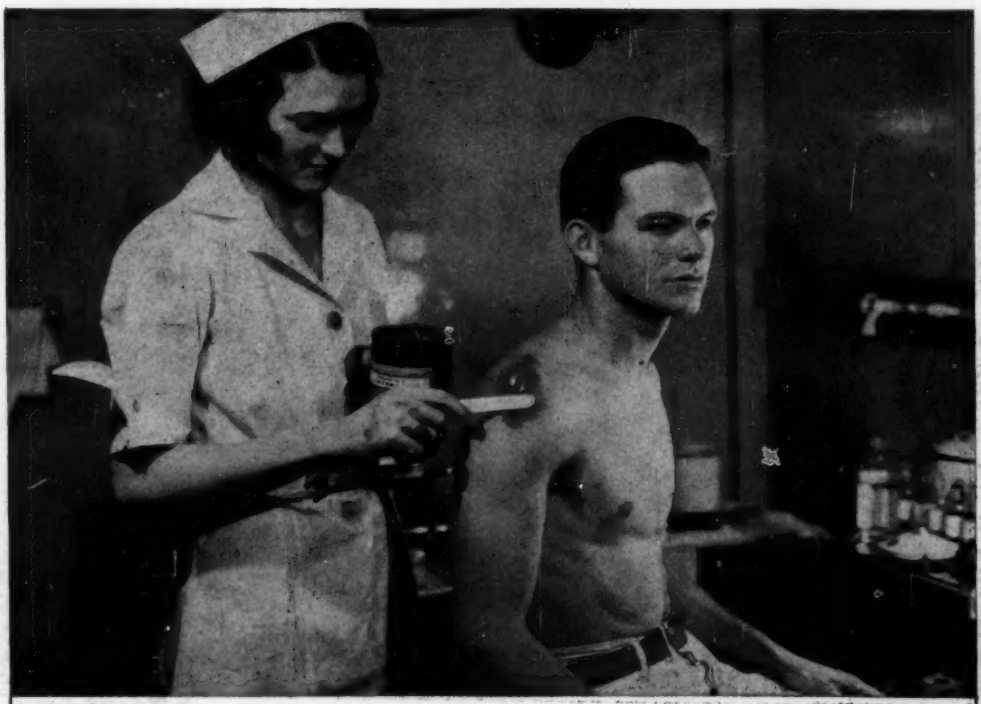

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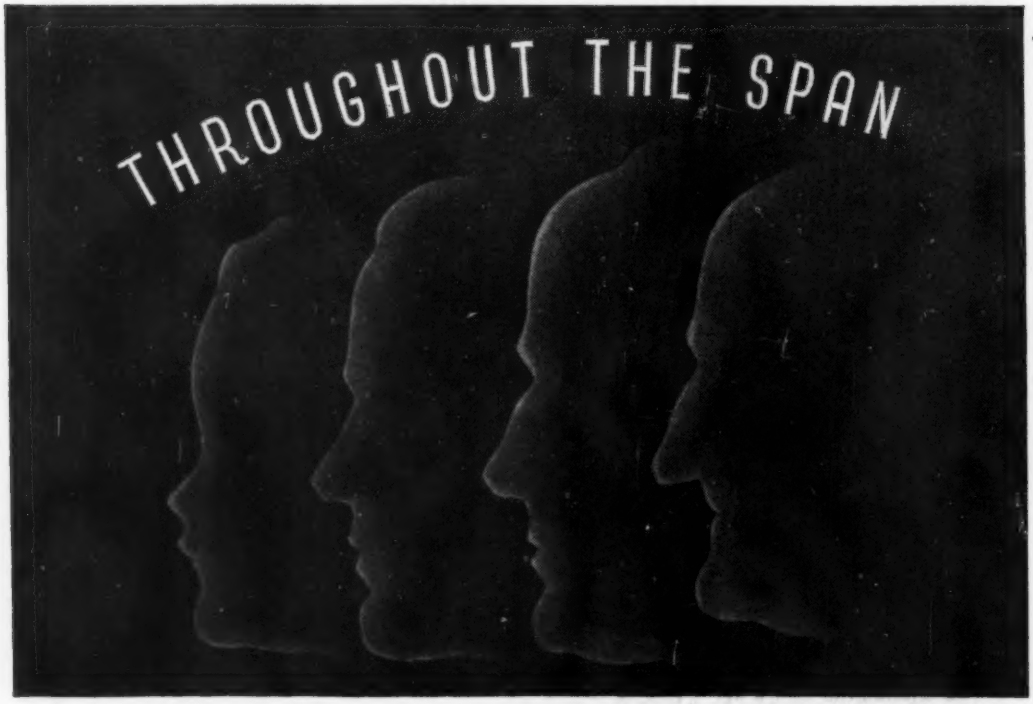

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[*See also pp.* 22 & 33]

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Is Neo-Hepatex tested clinically? Yes: each batch is tested by independent workers and approved before issue. A certificate of the test is enclosed in each package.

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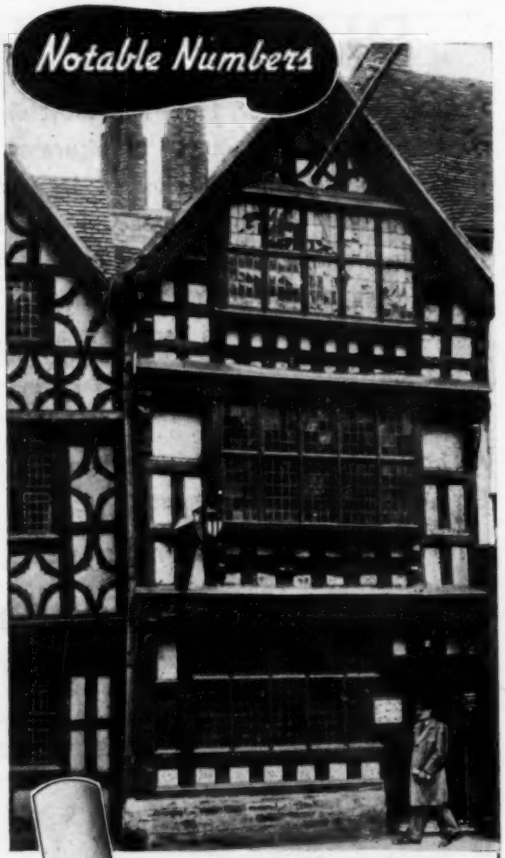

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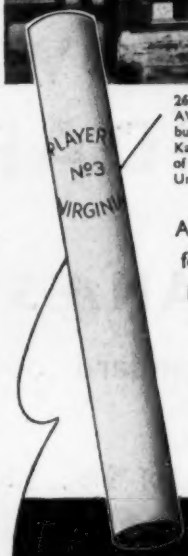

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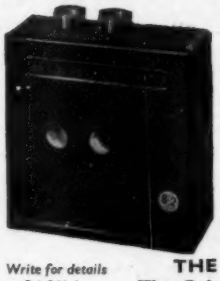

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PRESIDENT: THE MOST HON. THE MARQUESS OF EXETER, K.G., C.M.G., A.D.C.

MEDICAL SUPERINTENDENT: THOMAS TENNENT, M.D., M.R.C.P., D.P.H., D.P.M.

This Registered Hospital is situated in 130 acres of park and pleasure grounds. Voluntary patients, who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble; temporary patients, and certified patients of both sexes are received for treatment. Careful clinical, bio-chemical, bacteriological, and pathological examinations. Private rooms with special nurses, male or female, in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided.

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance, to which patients can be admitted. It is equipped with all the apparatus for the complete investigation and treatment of Mental and Nervous Disorders by the most modern methods; insulin treatment is available for suitable cases. It contains special departments for hydrotherapy by various methods, including Turkish and Russian baths, the prolonged immersion bath, Vichy Douche, Scotch Douche, Electrical baths, Plombieres treatment, etc. There is an Operating Theatre, a Dental Surgery, an X-Ray Room, an Ultra-violet Apparatus, and a Department for Diathermy and High-frequency treatment. It also contains Laboratories for bio-chemical, bacteriological, and pathological research. Psychotherapeutic treatment is employed when indicated.

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupational therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

BRYN-Y-NEUADD HALL

The seaside house of St. Andrew's Hospital is beautifully situated in a Park of 330 acres, at Llanfairfechan, amidst the finest scenery in North Wales. On the North-West side of the Estate a mile of sea coast forms the boundary. Patients may visit this branch for a short seaside change or for longer periods. The Hospital has its own private bathing house on the seashore. There is trout-fishing in the park.

At all the branches of the Hospital there are cricket grounds, football and hockey grounds, lawn tennis courts (grass and hard courts), croquet grounds, golf courses, and bowling greens. Ladies and gentlemen have their own gardens, and facilities are provided for handicrafts, such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15

Telegrams: "Alleviated, London." **Telephones: Rodney 2641 and 2642.**

The above House is for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution. Occupational therapy, physical drill, and other forms of modern treatment. There is a seaside branch, Kearsney Court, near Dover, to which patients may be sent for treatment or on holiday. Motor drives are arranged when required. Tennis courts. Entertainments, dances, and indoor amusements held throughout the year. Terms from £3 3s. per week. Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT.

CAMBERWELL HOUSE

Telegrams: "PSYCHOLIA, LONDON." **33, PECKHAM RD., LONDON, S.E.5.** **Telephone: Rodney 4242 (3 lines.)**

For the treatment of MENTAL DISORDERS.

Also completely detached Villas for Mild Cases, with private suites if desired. Voluntary Patients received. Twenty acres of Grounds. Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts, Occupational Therapy, Calisthenics, and Dancing Classes. X-ray and Actino-therapy, Prolonged Immersion Baths, Operating Theatre, Pathological Laboratory, Dental Surgery, and Ophthalmic Department. Chapel. Shock and also modified Insulin Therapy.

Senior Physician: DR. HUBERT JAMES NORMAN, assisted by a resident Medical Staff, and visiting Consultants.

An Illustrated Prospectus, giving fees which are strictly moderate, may be obtained upon application to the Secretary.

The Convalescent Branch is Hove Villa, Brighton, and is 200 feet above sea level.

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 on the Cotswold Hills seven miles from Cheltenham, for the Treatment of Pulmonary and all other forms of Tuberculosis. Aspect S.S.W., sheltered from North and East, elevation 800 feet. Pure bracing air, SPECIAL TREATMENT by artificial PNEUMOTHORAX (X-ray controlled). TUBERCULINS, and ULTRA-VIOLET RAYS is available when necessary without extra charge. X-RAY plant, Fully Equipped Dental Department, Electric Light Radiators, hot and cold basins and Wireless in all rooms. Up-to-date drainage. Full day & night Nursing Staff. **Terms: 5 to 7½ Guineas a week inclusive.**

Med. Supt.: GEOFFREY A. HOFFMAN, B.A., M.B., T.C. Dub. *Asst. Phys.:* MARGARET A. HARRISON, M.B., B.S. Lond. *Cons. Laryngologist:* G. N. BARKER, F.R.C.S. Edin., D.L.O. *Cons. Dent. Surgeon:* GEORGE V. SAUNDERS, L.D.S.R.C.S. Lond. *Phone:* 81 & 82 Witcombe. Apply: *The Secretary, The Cotswold Sanatorium, Cranham, Gloucester. Telegrams:* "Hoffman Birdlip."

PRIOR PLACE SANATORIUM

HEATHERSIDE, CAMBERLEY, SURREY.

FOR THE TREATMENT OF PULMONARY TUBERCULOSIS

Well situated on high ground and surrounded by pines and heather.
All rooms are fitted with electric light, wash basins with hot and cold water, and radiators.
X ray plant. Day and night nursing staff.

RESIDENT MEDICAL SUPERINTENDENT: Dr. H. O. BLANFORD, to whom application for admission can be made.

CRICHTON ROYAL, DUMFRIES

For NERVOUS AND MENTAL DISORDERS

Separate Villa for patients suffering from the effects of alcoholism and drug addiction. Every facility for complete investigation and individual treatment on the most modern lines. Fully equipped gymnasium, golf course, and indoor swimming pool. Specially trained occupational and recreational therapists. Private rooms, suites, and special nurses available. As the hospital is well endowed terms are exceptionally moderate, e.g., First Department from 3 guineas per week, Second Department, 2 and 2½ guineas per week. Voluntary and certified patients are received. Medical Certificates given anywhere in the British Isles are valid for admission of patients. *For prospectus, necessary forms, and further information apply to :—*

Physician Superintendent, P. K. McCowan, J.P., M.D., F.R.C.P., D.P.M., Barrister-at-Law. *Tel.* **Dumfries 1119.**

HAYDOCK LODGE,

NEWTON-LE-WILLOWS, LANCASHIRE.

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

NORTHUMBERLAND HOUSE

GREEN LANES,

FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Six acres of ground facing Finsbury Park. Voluntary and Temporary Patients received without certification. Occupational Therapy; Psychotherapy, and other modern forms of treatment. Air-raid Shelters have been provided.
Telephone: Stamford Hill 2688. *Telegrams:* "SUBSIDIARY, LONDON."
Convalescent Home, KEARSNEY COURT, DOVER.
For further particulars apply to the MEDICAL SUPERINTENDENT.

MALLING PLACE, KENT

For LADIES and GENTLEMEN of Unsound Mind.

Terms moderate. Apply to Resident Medical Superintendent.
Telegrams: ADAM WEST MALLING. Telephone No. 2: MALLING.

BROOKE HOUSE, CLAPTON

A PRIVATE HOME for the treatment of Nervous and Mental Disorders in both sexes. Situated in nine acres of Pleasure Grounds.

Voluntary, Temporary, and Certified Patients received.

For further particulars apply—
Dr. ERNEST ROLLINS, Resident Physician.
Tel.: Amherst 1642.

STRETTON HOUSE,

Church Stretton, Shropshire.

ESTABLISHED IN 1853.

A PRIVATE HOME for the treatment of gentlemen suffering from Mental and Nervous illness, including the allied Disorders of Alcoholism and the Drug Habit. All types of early Mental and Nervous Cases are received without Certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930. Bracing hill country. See "Medical Directory," p. 2368.—Apply to the Medical Superintendent. 'Phone 10 P.O., Church Stretton.

Telegraphic Address: "Relief, Old Catton." Telephone: 290 Norwich.

NERVOUS & MENTAL AFFECTIONS

Ladies only received

The Grove, Old Catton, Norwich.

A High-class Home for the Curative Treatment of Nervous Affections. Voluntary Boarders are also received without certificates.

For full particulars apply to the Misses MCLINTOCK or to Dr. S. BARTON, 34, Surrey-street, Norwich. Visiting Physician.

CHISWICK HOUSE,

PINNER, MIDDLESEX.

Telephone: PINNER 234.

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes.

A modern country house, 12 miles from Marble Arch, in attractive and secluded surroundings. Fees from 10 guineas per week inclusive. Cases under Certificate, Voluntary and Temporary Patients received for treatment.

DOUGLAS MACAULAY, M.D., D.P.M.

HOME FOR EPILEPTICS

MAGHULL (near LIVERPOOL)

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses.

FEES : 1st Class (men only) from £5 5s. per week upwards.
2nd Class (men and women) 32/- per week.

For further particulars apply :
C. EDGAR GRISEWOOD, A.C.A., Secretary
20, Exchange Street East, Liverpool, 2

ST. CHRISTOPHER'S NURSERY COLLEGE

TUNBRIDGE WELLS - - KENT

is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
Nervous and delicate infants and children are also accepted and receive individual care and attention. The quiet situation of the College among fields and woods is especially suitable.

Further particulars on application

Director : Miss M. A. PAYNE, S.R.N., A.R.San.I.
Tel. No. : T. W. 595.

London County Council.

INFECTIOUS HOSPITALS.

Applications invited from Medical Practitioners of at least one year's standing for undermentioned positions at various hospitals for infectious diseases. Experience in a resident appointment in a general hospital for at least six months desirable. Married quarters not available.

TEMPORARY ASSISTANT MEDICAL OFFICERS (CLASS I).—Salary £350–£25–£425, with board, lodging, and washing. Experience in infectious diseases essential.

TEMPORARY ASSISTANT MEDICAL OFFICERS (CLASS II).—Salary £250 a year, with board, lodging, and washing. Officers are eligible for promotion to Class I (temporary) after a minimum period of six months' service.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division, 2, County Hall, S.E.1, returnable by 11th December. Canvassing disqualifies.

Central London Throat, Nose, and
EAR HOSPITAL, Gray's Inn-road, W.C.1.

ASSISTANTS IN THE OUT-PATIENT DEPARTMENT.

There are vacancies for attendance on each morning at 10 A.M. and each afternoon at 2 P.M.

The duties are to assist the Surgeons in seeing the patients and the posts are honorary.

The Hospital is working normally and these posts afford excellent opportunities for acquiring clinical experience in the specialty.

Applications, which may be for one or more attendances per week and should state which day and time is preferred, should be sent to the undersigned immediately.

JOHN H. YOUNG, Secretary-Superintendent.

Royal London Ophthalmic Hospital
(MOORFIELDS EYE HOSPITAL), City-road, E.C.1.

MEDICAL OFFICER TO THE X-RAY AND ELECTRO-THERAPY DEPARTMENT.

Applications are invited for the post of Medical Officer to the X-ray and Electro-therapy Department, to attend on two afternoons each week at 2 P.M. and at such other times as may be required.

Candidates must be registered Medical Practitioners.

Salary will be at the rate of £150 per annum.

The appointment will be for a period of twelve months as from the 1st January, 1940, with eligibility for reappointment.

Copy of regulations can be obtained on application.

Applications and testimonials, stating age and qualifications, are to be sent to the undersigned not later than 12th December, 1939.

A. J. M. TARRANT, Secretary.

The Middlesex Hospital, W.1.

A second vacancy is hereby declared for the office of Honorary Dental Surgeon to the Hospital.

A vacancy will also occur for the office of HONORARY ASSISTANT DENTAL SURGEON to the Hospital and applications for the latter post (thirty copies), which should be accompanied by testimonials, are invited to be submitted on or before Tuesday, 12th December. Candidates must be qualified registered Medical Practitioners and Licentiates in Dental Surgery of the Royal College of Surgeons of England or Graduates in Dental Surgery of a recognised University of the British Empire.

By Order of the Board,
S. R. C. PLIMSOLL, Secretary-Superintendent.

The Royal Cancer Hospital (Free)
(Incorporated under Royal Charter),
Fulham-road, London, S.W.3.

Applications are invited for the post of HOUSE SURGEON (Resident) to be attached to the RADIUM DEPARTMENT.

Candidates must be registered Medical Practitioners and unmarried.

Salary £100 per annum.

Facilities afforded for Post-graduate Study.

The appointment is for six months, commencing 1st January, 1940.

Applications, to be made on a form which will be supplied by the Secretary, with copies only of not more than three testimonials, to be sent to the Secretary not later than the first post Friday, 15th December, 1939.

CLEMENT COBBOLD, Secretary.

Connaught Hospital,
Walthamstow, E.17.
(120 Beds.)

Applications are invited for the following appointments:—
(*a*) HOUSE PHYSICIAN (Male)
(*b*) CASUALTY OFFICER (Male).

Applicants should be within six months of registration. Salary at the rate of not less than £110 per annum, with board, residence, and laundry. The appointments are for six months commencing on the 1st January, 1940.

Applications, stating age, nationality, and qualifications, to be sent in on or before 12th December to the undersigned.

R. HALTON HARRISON, General Secretary.

Middlesex County Council.

RESIDENT CASUALTY MEDICAL OFFICER required at CENTRAL MIDDLESEX COUNTY HOSPITAL, Acton-lane, Willesden, N.W.10. Must be registered Medical Practitioner who has held the post of House Physician and House Surgeon at a General Hospital, and has had good all-round, but particularly surgical, experience. Salary £350 per annum, with board, lodging, and laundry. Whole-time duties under Medical Superintendent will include dealing with casualties and admissions to Hospital, and such other duties as may be required. Appointment subject to medical examination and to one month's notice, and is for six months in the first instance and may be extended for a further six months. Preservation of pension rights under certain Acts.

Applications to the undersigned by 16th December. No application forms provided. Relationship to any member or officer of the Council to be disclosed in the application. Copies of not more than three recent testimonials to be enclosed. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE, "B.3," Clerk of the County Council.
Guildhall, S.W.1.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
M.S. (Lond.), 1901-38 (including 4 Gold Medallists) ..	24
M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.)..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287 ; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.)..	704

M.D. (various), by Thesis. Many Successes.
D.O.M.S., D.L.O., D.P.M., &c. Many Successes.

MEDICAL PROSPECTUS (47 pages),
sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

Metropolitan Borough of Greenwich.

APPOINTMENT OF TUBERCULOSIS OFFICER FOR THE COUNCIL'S DISPENSARY, AND DEPUTY MEDICAL OFFICER OF HEALTH.

The Council of the above-named borough invites applications from Male registered Medical Practitioners not exceeding forty years of age for the appointment of Tuberculosis Officer for the Council's Dispensary and Deputy Medical Officer of Health.

Candidates must possess the qualifications prescribed by the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930, the Diploma in Public Health, and must also have had experience in X-ray work in connexion with tuberculosis.

The person appointed will have charge of the Tuberculosis Dispensary under the administrative direction and control of the Medical Officer of Health, and will be personally responsible for the diagnosis and treatment of all patients at the Dispensary. He will carry out the duties of Tuberculosis Officer and will visit patients for observation purposes, but not generally for domiciliary treatment. He will be available for consultation with general practitioners, and will act as Medical Officer to the Tuberculosis Handicraft Centre.

He will perform such other duties as may be considered necessary by the Medical Officer of Health.

The inclusive commencing salary will be at the rate of £750 per annum, rising by biennial increments of £50, to a maximum salary of £1,000 per annum.

The successful candidate will be required to devote the whole of his time to the service of the Council, shall not engage in private practice, and shall reside within the Borough.

The appointment will be terminable by three months' notice in writing on either side and will be subject to the provisions of the Council's Superannuation Acts.

Applications must be made on forms to be obtained from the undersigned, accompanied by copies of not more than three recent testimonials, must be sealed up and endorsed "Tuberculosis Officer," and must reach this office not later than 10 A.M. on Wednesday, 27th December, 1939.

Canvassing members of the Council either directly or indirectly will be a disqualification.

D. J. REASON, Town Clerk.
Town Hall, Greenwich, S.E.10, 1st December, 1939.

The Queen's Hospital for Children,
Hackney-road, E.2.

Casualty Officer (Male) required 1st January, 1940. Six months' appointment. Salary at rate of £100 per annum, with board, lodging, and laundry. Candidates must have had some previous experience and be prepared to participate in Emergency Hospital Scheme in connexion with which emergency beds have been reserved.

Applications must be made on forms to be obtained from the undersigned, and be sent in with copies of not more than three testimonials, on or before 13th December, 1939.

CHARLES H. BESSELL, Secretary.

The Salvation Army,
THE MOTHERS' HOSPITAL, Lower Clapton-road, Clapton, E.5.

Applications are invited from Medical Women for the post of JUNIOR RESIDENT MEDICAL OFFICER, vacant January 1st, 1940. Salary £80 per annum, with board, residence, and laundry. The appointment is for six months.

Applications, with testimonials, must be sent to the Secretary on or before Monday, December 18th, 1939.

FRED HAMMOND, Secretary.

Dreadnought Seamen's Hospital,
Greenwich, S.E.10.

Vacancies will occur for HOUSE PHYSICIANS and HOUSE SURGEONS (Male) as from 1st January, 1940. Salary at the rate of not less than £110 per annum, with board, residence, and laundry.

Applications, with copies of three testimonials, to be sent in on or before 7th December to the undersigned.

F. A. LYON, Secretary.

Queen Charlotte's Maternity Hospital,
Marylebone-road, N.W.1.

Applications are invited from registered Medical Practitioners for the following appointments:—

(a) ASSISTANT RESIDENT MEDICAL OFFICER (Male). Salary £100 per annum.

(b) RESIDENT ANÆSTHETIST AND DISTRICT RESIDENT MEDICAL OFFICER. Salary £100 per annum. Allowance for car.

With board, residence, and laundry allowance (4s. weekly). Appointments to commence on 1st January, 1940.

The Assistant Resident Medical Officer is appointed for three months, and on completion will be eligible to apply for the post of Senior Resident Medical Officer (salary £125 per annum).

Obstetric experience desirable.

Applications, stating age, medical school, qualifications, and previous appointments, should be sent to the Secretary by 5th December, copies of three testimonials to follow later.

SEYMOUR LESLIE, Acting Secretary-Superintendent.

Royal Sussex County Hospital,
BRIGHTON.

CASUALTY HOUSE SURGEON (Male) required 1st January. Salary £120 per annum, with board, residence, and laundry. Candidates must hold medical and surgical qualifications of the British Empire and be duly registered under the Medical Acts. They must be unmarried, and when elected under thirty years of age.

Applications, with copies of recent testimonials, to be forwarded to the undersigned as soon as possible.

L. L. W. LANCASTER-GAYE, Secretary-Superintendent.

Royal Isle of Wight County Hospital,
RYDE.

HOUSE SURGEON wanted immediately, Lady, unmarried, qualified and registered. Salary at the rate of £140 a year, with board, residence, and laundry.

Apply, stating age and nationality, enclosing copies of testimonials, to Secretary before Saturday, December 9th. Return third-class fare for selected candidates.

A. S. GORDON, Secretary.

Doncaster Royal Infirmary.

HOUSE SURGEON (Male) required immediately. Six House Surgeons are resident.

Salary at the rate of £150 per annum, with residence, board, and laundry.

This large industrial area offers excellent opportunities for gaining experience.

Applications, accompanied by not more than three testimonials, to be sent to the undersigned immediately.

R. LANCASTER, Secretary Superintendent.

Plymouth Education Committee.

Applications are invited from registered Medical Practitioners (Man or Woman) for appointment as TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER, which (subject to satisfactory service) will probably be for the duration of the war.

The salary will be at the rate of £500 per annum.

Forms of application (returnable by Monday, December 11th, 1939) and conditions of service will be sent on receipt of a stamped addressed envelope.

W. ALFRED CLEGG, Secretary for Education.

Education Offices, Cobourg-street, Plymouth.

West Sussex County Council.
ST. RICHARD'S HOSPITAL, CHICHESTER.
(144 Beds.)

RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited from registered Medical Practitioners for the appointment of a Resident Assistant Medical Officer, at the above Hospital, at a salary of £350 per annum, rising by annual increments of £25 per annum to a maximum of £450, together with full residential emoluments. Candidates must have had considerable hospital experience especially in surgery, midwifery, and anæsthetics.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate must undergo a medical examination before taking up the appointment.

One month's notice on either side will terminate the appointment.

Further particulars may be obtained from the Medical Superintendent, St. Richard's Hospital, Chichester, by whom applications, stating age, qualifications, and experience, accompanied by three recent testimonials, must be received not later than 16th December, 1939.

T. C. HAYWARD, Clerk of the County Council.

November, 1939.

The Radcliffe Infirmary, Oxford.

Applications are invited for the following posts which become vacant on January 1st, 1940:—

One HOUSE PHYSICIAN,
One OBSTETRIC HOUSE PHYSICIAN,
Two HOUSE SURGEONS,
One HOUSE SURGEON to EAR, NOSE, AND THROAT DEPARTMENT (previous experience desired; recognised for degree of D.L.O.),
One CASUALTY OFFICER.

All Resident Medical Officers will have some anæsthetic duties to perform.

The House Surgeons will also be responsible for some Casualty duties.

Appointments for six months (with the exception of that of Casualty Officer, which will be for five months only), with salary at the rate of £100 per annum, with board, &c.

Candidates must be male and qualified.

Applications, with four copies of three testimonials, to be sent to the undersigned on or before Friday, December 15th. No special application form is required.

A. G. E. SANCTUARY, Administrator.

December, 1939.

Royal Berkshire Hospital, Reading.

Applications are invited for the post of RESIDENT ANÆSTHETIST which falls vacant immediately.

The appointment is for six months in the first instance.

Candidates must be fully qualified and registered, and have had considerable experience in the administration of anæsthetics. A salary of £250 per annum, with board, residence, and laundry, will be paid to the candidate possessing suitable qualifications for the post.

Applications, stating age and experience, with copies of not more than three recent testimonials, to be sent to the undersigned as soon as possible.

H. E. RYAN, Secretary and House Governor.

New Zealand.
COOK HOSPITAL, GISBORNE.

Applications, closing on 23rd December, 1939, are invited from fully qualified and registered Medical Practitioners for the post of Whole-time RADIOLOGIST at a salary of £1000 (N.Z.) per annum.

Candidates holding the Diploma in Medical Radiology or other equivalent diploma preferred.

Applications, giving full particulars as to age, qualifications, experience, and accompanied by copies of not more than three testimonials, should be addressed to the High Commissioner for New Zealand, 415, Strand, London, W.C.2, from whom further particulars can be obtained.

Christie Hospital and Holt Radium
INSTITUTE, WITHINGTON, MANCHESTER, 20.

Applications are invited for the post of JUNIOR RESIDENT SURGICAL OFFICER. Salary £150 per annum, plus residence, board, and laundry.

The appointment is for a six months' period, but will be renewable. Previous resident appointments desirable.

Applications, with full details of previous experience, together with copies of testimonials, should be sent to the undersigned not later than Saturday, December 16th, 1939.

PERCY N. GLASS, Superintendent and Secretary.

Harlow Wood Orthopædic Hospital,
Near MANSFIELD, NOTTS. (190 Beds.)

Applications are invited for the post of HOUSE SURGEON (Male). Salary is at the rate of £200 per annum, with board, residence, and laundry. The duties may include attendance at the associated hospitals and out-patient clinics, and commence on 1st January, 1940. The appointment will be for six months and may be renewed for a further six months.

Applications, stating age and experience, with copies of testimonials, should be received by the Secretary not later than 11th December, 1939.

North Riding of Yorkshire County
COUNCIL.

ASSISTANT TUBERCULOSIS MEDICAL OFFICER
(Male).

Applications are invited for this appointment. The salary is £600 per annum and rises by two annual increments of £50 to £700 per annum, less superannuation deductions; travelling allowances will be paid in accordance with the Council's scale.

The successful applicant must devote the whole of his time to the duties of the office, must not engage in general practice and must reside where directed.

He will be attached to the County Health Department and, subject to the directions of the County Medical Officer, will act under the control of the Chief Clinical Tuberculosis Officer. The post is subject to the provisions of Local Government Superannuation Act, 1937, and the successful candidate will be required to pass a medical examination.

Special knowledge and experience in the modern methods of diagnosis and treatment of tuberculosis are essential.

Applications, accompanied by copies of not more than three recent testimonials, and endorsed "Assistant Tuberculosis Medical Officer," must be received by the undersigned not later than Monday, 16th December, 1939.

HUBERT G. THORNLEY, Clerk of the County Council.

County Hall, Northallerton, Yorks, 28th November, 1939.

Women's Medical Service, India.

Applications for Four VACANCIES in the Women's Medical Service for India in 1940 are invited from experienced Medical Women under thirty-three years of age of Indian or British nationality with University qualifications registrable in the United Kingdom and British India.

Full particulars and application forms may be obtained from Dr. A. C. SCOTT, Medical Adviser, c/o India House, Aldwych, London, W.C.2. Applications should be made before December 31st, 1939.

Chesterfield and North Derbyshire

ROYAL HOSPITAL.
(220 Surgical and Medical Beds.)

CASUALTY OFFICER AND FRACTURE HOUSE SURGEON.

Applications are invited from fully qualified Men for the above post, to commence as soon as possible.

The appointment is for six months, salary at the rate of £225 per annum, with board, apartments, and laundry.

The duties include the post of House Surgeon to the Director of the Fracture Clinic, under whose care the whole of the fractures, both in- and out-patients, are treated, and deputy to the Resident Surgical Officer.

Candidates for this post should have had special fracture experience.

Applications, stating age and nationality, together with copies of three recent testimonials, should be sent to the undersigned as early as possible.

M. H. BOONE, Superintendent and Secretary.

23rd November, 1939.

Chesterfield and North Derbyshire

ROYAL HOSPITAL.
(220 Surgical and Medical Beds.)

HOUSE SURGEON TO OPHTHALMIC AND EAR, NOSE AND THROAT DEPARTMENTS.
HOUSE PHYSICIAN.

Applications are invited from fully qualified Men for the above posts.

The appointments are for six months each.

Salary at the rate of £150 per annum, with board, apartments, and laundry.

Applications, stating age and nationality, together with copies of three recent testimonials, should be sent to the undersigned immediately.

M. H. BOONE, Superintendent and Secretary.

20th November, 1939.

Huddersfield Royal Infirmary.

(321 Beds.)

Male HOUSE SURGEON required to be attached to EYE, EAR, NOSE, AND THROAT DEPARTMENTS. Duties, which include the administration of anæsthetics, to commence on January 1st, 1940. Salary will be at the rate of £150 per annum, with board, residence, and laundry.

Appointment for six months, subject to renewal for a similar period.

Applications, with copies of three recent testimonials, to be addressed to the undersigned immediately.

H. J. JOHNSON, General Superintendent and Secretary.

Derbyshire County Council.

BRETBY HALL ORTHOPÆDIC HOSPITAL.
(147 Beds.)

JUNIOR RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for the post of Junior Resident Assistant Medical Officer at the above Institution. Preference will be given to candidates who have held resident hospital appointments and who are competent anæsthetists. Orthopædic experience is not essential, but will be considered an additional qualification.

Salary at the rate of £350 per annum, rising by annual increments of £25 to £450 per annum, with board, residence, and laundry.

The successful candidate will devote the whole of his time to the duties of his office.

The appointment will be subject to the provisions of the Local Government and Other Officers' Superannuation Act, 1922, and the person appointed will be required to pass a medical examination.

Application forms may be obtained from the undersigned, to whom they must be returned, together with copies of not more than three recent testimonials, on or before 15th December, 1939.

W. M. ASH, County Medical Officer of Health.

New County Offices, Derby, 25th November, 1939.

Royal Sea-Bathing Hospital, Margate.

(320 Beds—mainly treatment of Surgical Tuberculosis.)

Applications are invited for the post of VISITING SURGEON for Ear, Nose, and Throat cases at this Hospital. An honorarium of twenty guineas per annum is given, and in addition, if distance necessitates it, first-class railway fares will be paid to and from Margate. The appointment is subject to the laws and rules of the Hospital.

Applications, accompanied by one testimonial, should be sent to the Secretary, R.S.B.H. Offices, (temporary address) 23, Alderney-avenue, Lampton, Hounslow, Middlesex.

Huguenot University College

(UNIVERSITY OF SOUTH AFRICA),
WELLINGTON, CAPE.

WOMAN PROFESSOR IN CHEMISTRY.

Applications are invited for the Professorship in Chemistry at this College. Some previous experience as assistant in a University Chemistry Department essential.

Salary: £450–£25–£650.

An allowance of £40 will be made towards travelling expenses.

The appointment is subject to a three years' probationary period after which it may become permanent.

The first University session of 1940 begins on 7th March. The professor will be expected to take up duty at the beginning of March or as soon thereafter as possible. The professor appointed will be required to join the University Provident Fund.

Applications should reach the Secretary, Office of the High Commissioner for the Union of South Africa, South Africa House, Trafalgar-square, London, W.C.2, from whom further particulars and forms of application can be obtained, not later than the 31st December, 1939.

Kelling Sanatorium, Holt, Norfolk.

JUNIOR RESIDENT MEDICAL OFFICER, Male or Female (unmarried), required to commence duties at the above Sanatorium early in January, 1940.

Kelling Sanatorium has been graded by the Ministry of Health as a Group 2 Emergency Hospital for the reception of casualties. Salary £250 per annum for the first twelve months, and £300 per annum for the second twelve months, if reappointed, together with apartments, board, and laundry. Two months' notice on either side.

Candidates must be duly registered Medical Practitioners.

Applications, in candidates' own handwriting, stating age and qualifications (with one copy of three recent testimonials), to be sent to the Medical Superintendent, Kelling Sanatorium, Holt, Norfolk, not later than December 30th, 1939.

The Royal Hospital, Wolverhampton.

(Incorporated under Charter.)

HOUSE SURGEONS (General Surgery), Two.
HOUSE PHYSICIAN.

Applications are invited for the above resident posts which become vacant on 1st January next.

The Hospital contains 300 Beds, includes the usual special departments, and is recognised by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice.

Candidates must be registered under the Medical Acts and unmarried.

The appointments are for six months. Salary at the rate of £100 per annum. Board, furnished room, and laundry provided.

Applications, with copies of testimonials, to be forwarded to the undersigned.

W. H. HARPER, House Governor.

Wolverhampton, 27th November, 1939.

Staffordshire County Council.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

The County Council invite applications for the appointment of a Deputy County Medical Officer of Health at a commencing salary of £850, rising by annual increments of £50 to £1100.

Reasonable travelling expenses will be paid by the County Council.

Applicants must be duly registered Medical Practitioners, holding a degree or diploma in public health, and the gentleman appointed will be required to devote the whole of his time to the duties of the office.

He will be required to undertake any duties required of him by the Council bearing on the health and medical services of the county.

He will be required to act under the administrative control of, and to be responsible to, the County Medical Officer of Health for his duties.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the statutory contributions to the Superannuation Fund under that Act will be deducted from the salary.

The successful candidate will be required to undergo a medical examination and to produce his birth certificate.

Applications, marked "Deputy County Medical Officer," together with copies of not more than three recent testimonials, must be sent to the undersigned not later than the 7th December, 1939.

Candidates receiving no reply by the 18th December, 1939, may assume the vacancy has been filled.

H. L. UNDERWOOD, Clerk to the County Council.

County Buildings, Stafford, 20th November, 1939.

Salford Royal Hospital.

(256 Beds.)

Applications are invited from registered candidates (Male) for one HOUSE SURGEON for six months from 1st January next. Salary £125 per annum.

Forms of application, obtainable from the undersigned, must be delivered on or before 12th instant.

By Order of the Board,

H. B. SHELSWELL, General Superintendent and Secretary.

1st December, 1939.

Miller General Hospital,
Greenwich High Road, S.E.10.

Applications are invited for the post of HOUSE SURGEON. Salary £100 per annum.

Candidates (Male) must be unmarried. Board, residence, and laundry are provided. The appointment is for six months from 1st January, 1940. There are five Resident Officers.

Application forms can be obtained from the Secretary, and must be returned not later than 12th December, 1939.

28th November, 1939.

University of Durham.
KING'S COLLEGE, NEWCASTLE-UPON-TYNE.

Applications are invited from registered Medical Practitioners for the joint post of DEMONSTRATOR IN PATHOLOGY in the Medical School and ASSISTANT PATHOLOGIST to the ROYAL VICTORIA INFIRMARY, Newcastle-upon-Tyne. The appointment will be a whole-time one, renewable annually for a period not exceeding three years. Salary £300 per annum.

Applications (twelve copies), stating previous experience, accompanied by the names of not more than three referees, should be forwarded on or before 15th December, 1939, to the undersigned, from whom further particulars may be obtained.

W. G. B. OLIVER, Registrar.

King's College, Newcastle-upon-Tyne, 2.

Hospital Convalescent Home,
PARKWOOD, SWANLEY, KENT.

(For the reception of patients (Women and Children) in an early stage of convalescence from the London Hospitals. 120 Beds.)

The Trustees of the Home invite applications for the post of LADY RESIDENT MEDICAL OFFICER which will become vacant on 1st January, 1940. The appointment is for a period of six months. Salary £200 per annum, with quarters and full board. Candidates should have had recent hospital experience.

Applications, stating age, qualifications, and full details of experience, should be accompanied by copies of three recent testimonials and addressed to C. M. POWER, Esq., Secretary, Hospital Convalescent Home, c/o Westminster Hospital, London, S.W.1, on or before Saturday, 9th December, 1939.

Lincolnshire (Kesteven) County
COUNCIL.

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH.

Applications are invited from qualified medical men for the post of Assistant County Medical Officer of Health.

The Officer appointed will be required to act as Assistant Tuberculosis Officer and School Medical Officer and to undertake Maternity and Child Welfare Work, and such other duties as may be assigned to him.

The salary will be £500 per annum, rising by annual increments of £25 to £700, together with travelling allowance in accordance with the County Scale. Approved previous experience will be taken into consideration.

The appointment, which will be terminable by three months' notice on either side, will be subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate will be required to pass the necessary medical examination.

Applications should be made on forms which may be obtained from the undersigned, and must reach him not later than the 6th December, 1939.

Canvassing in any form will be a disqualification.

W. T. PHIPPS, Clerk of the County Council.

County Offices, Sleaford, 27th November, 1939.

Borough of Barking.

DEPUTY MEDICAL OFFICER OF HEALTH.

Applications are invited before 18th December, 1939, from qualified Medical Practitioners for the designated appointment of Deputy Medical Officer of Health and Deputy School Medical Officer.

Candidates must have had experience in Public Health Work and must hold a registerable qualification in Public Health.

Salary Scale £725–£25–£800.

Particulars of duties and application form may be obtained from the undersigned.

S. A. JEWERS, Town Clerk.

Town Hall, Barking, Essex, 28th November, 1939.

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GREAT WEST ROAD, BRENTFORD,
MIDDLESEX

CONFIDENCE.

The name Burge, Warren & Ridgley has always inspired confidence wherever the question of absolute security in a contraceptive is involved. And there could be no more eloquent proof of that confidence than the official recognition of the Family Planning Association.

While, unfortunately, Government restrictions and the difficulty of obtaining adequate supplies of raw materials have made it impossible to guarantee continuity of supply, Burge, Warren & Ridgley are doing everything possible to maintain the standards of quality and service which have ranked them among the leaders in their field.

BURGE, WARREN & RIDGLEY, LTD.
91-92, Saffron Hill, London, E.C. I
Telephone : HOLborn 0050.
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ESTABLISHED 1850.

DINNEFORD'S
pure fluid MAGNESIA

•

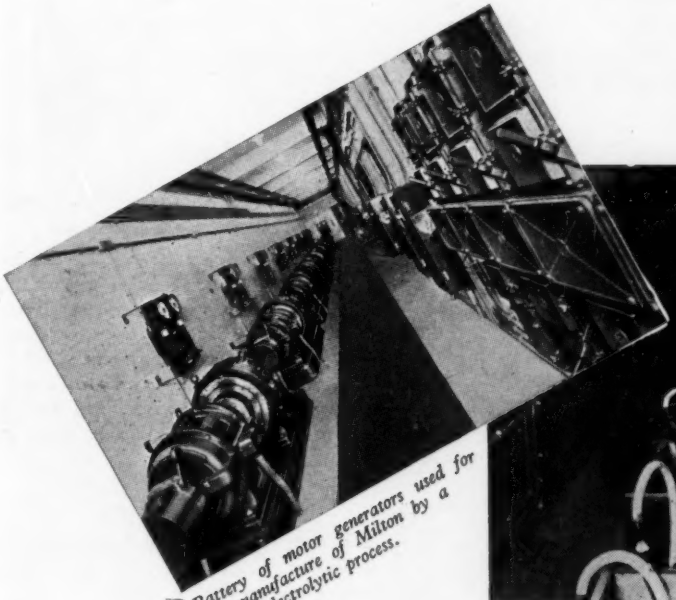
The safe antacid and mild laxative for infants and young children

•

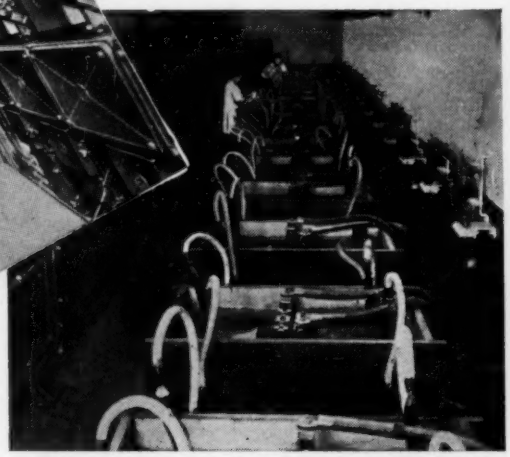
DINNEFORD AND CO. LTD.
c/o MACLEANS LTD.
GREAT WEST ROAD, BRENTFORD, MIDDX.

"And the best antiseptics are not those which, in vitro, have the greatest germicidal power, but those that have a powerful proteolytic action, such as Dakin's fluid, which rapidly destroys dead or dying tissues, and acts, therefore, like a chemical bistoury. It would probably be true to say that the process by which the germs disappear is of little moment so long as they do disappear."

Lister Memorial Lecture, Royal College of Surgeons of England
April 5th, 1939



Battery of motor generators used for the manufacture of Milton by a special electrolytic process.



The electrolysing tanks.

The stable, non-caustic hypochlorite

Milton, the improved hypochlorite with the qualities of Dakin's fluid greatly enhanced, is a fluid of *constant* standard strength. Electrolytically produced, *it retains its full effectiveness for an indefinite period.*

Milton heals scientifically in three stages. The first application dissolves and removes all proteids with their contained germs. Secondly, it sterilises the clean wound; and finally it aids rapid healing by stimulating new cell-growth.

In spite of its great strength, Milton is perfectly safe. "Accidents" are impossible with Milton —it contains no caustic elements, will not burn, blister or harm even the most delicate *living* tissues.

P.T.O

Milton readily penetrates the tissues and has a penetrative power about twice that of Dakin's fluid. The high concentration in which Milton is offered enables it to be used effectively in great dilution. One part in twenty of water is sufficient for most uses. Milton heals and cleanses cuts and wounds, relieves catarrh and colds in the head by dissolving mucus, and is an effective douche. Milton, in fact, acts like a chemical bistoury.

Some of the principal uses of Milton

WOUNDS AND CUTS

For cleansing and irrigating wounds Milton diluted 1 : 20 should be used freely. When all foreign matter, pus and blood clots have been removed, dress with a 'soak' or pad of cotton wool soaked in Milton 1 : 10 to 1 : 20. The pad should be renewed frequently and the strength of the dilution reduced as healing progresses. Waterproof protective should not be employed.

DISEASES OF THE SKIN

Successful results have been obtained with Milton in the treatment of several skin diseases. Milton may be effectively prescribed for Bed-sores, some types of Eczema and Dermatitis, Erysipelas, Erythema, Impetigo and Tinea, with or without general treatment.

The affected parts should receive frequent bathing with Milton 1 : 10 to 1 : 20 applied freely with wool pads. Bandages soaked in Milton should be changed regularly at frequent intervals.

MOUTH, NOSE AND LARYNX

Milton has many virtues as a gargle, mouthwash and nasal irrigant. It has no deleterious effect on the mucous membranes and, in addition to its high bactericidal properties, leaves the area in a distinctly alkaline state for a considerable period after application.

The most effective way of administering Milton for the prevention and alleviation of Catarrh and Head Colds is by means of the Milton Nasal Spray. This can be recommended with complete confidence—it is specially designed for use with a hypochlorite solution and is obtainable from or through any chemist, price only 3/-.

DOUCHES

A tablespoonful of Milton to a pint of warm water will ensure complete cleanliness and freshness.

On dilution Milton forms a mildly alkaline solution which corrects acidity without harming the mucous membranes. It is still a hypertonic solution, even when considerably diluted. Being miscible with mucus and proteid matter, it acts as a cleansing agent. Its 1% hypochlorite content ensures the destruction of any micro-organisms which may be present. It has a fast deodorant action, destroying the organic gases by oxidation.

OBSTETRICS AND GYNÆCOLOGY

Milton has many invaluable applications and is widely employed for such purposes. A leaflet giving recommendations will be sent on request.

• • •

We shall be very pleased to supply literature and free professional sample on application to Research Dept., Milton Proprietary Ltd., John Milton House, London, N.7.

WAR EMERGENCY

Freshly prepared Liq. Sod. Chlorinat. involves much time of technical pharmacists, is usually very caustic and falls in strength from hour to hour. The convenience and economy of a standard non-caustic preparation, such as Milton, always ready for use, are obvious. Special quotations for large quantities will be supplied on request.

Iodex is regarded by competent authorities as absolutely essential in the Field, no less than in hospital and private practice.

Bland yet Active Iodine

Iodex presents bland yet therapeutically active iodine in a neutral, emollient base. It is rapidly absorbable, markedly resolvent, inflammation-reducing, and antiseptic. Iodex does not irritate, harden, or stain the skin, or lead to desquamation. It is bland even on mucous or other extremely sensitive surfaces, and can be applied where any ordinary form of iodine would be inadmissible.

In the treatment of open wounds, contusions, abrasions, bruises, strains and sprains, and in injuries which may be aggravated by sepsis or inflammation, Iodex is of unequalled value. It does not adhere to the injured part, and dressings can therefore be renewed with the minimum of pain and discomfort to the patient.

"There is no virtue in Iodex which is not inherent, though often latent, in iodine; and there is no virtue in iodine which is not available—in an enhanced degree—in Iodex."

IODEX

BRAND

THE IODINE OINTMENT OF UNRESTRICTED SERVICE

Apart from its special usefulness in injuries, Iodex is also indicated in enlarged glands, goitre, parotitis, tuberculous joints, mastitis, hæmorrhoids, pruritus ani, parasitic skin diseases (e.g., ringworm), and inflammatory conditions generally

Physicians are invited to write from their present address for generous samples

MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, LONDON, S.E.5

TAMPAX—*Worn Internally—provides Sanitary Protection in its most convenient, comfortable and hygienic form*

TAMPAX absorbs the menstrual flow at the *cervix uteri* before contact with the outside air has a chance to cause odorous decomposition of blood elements. It thus provides truly hygienic protection for normal women, free from the prospect of distressing irritation. Moreover, by avoiding contact between the peri-anal and genital regions, it greatly reduces the danger of infection of anal origin.

Made of the finest surgical cotton-wool, Tampax is kind to the most delicate tissue. It cannot block the flow, and it is so stitched that it cannot disintegrate in the vagina. Each Tampax is provided with its own applicator for easy and hygienic insertion, and its own cord for instant, effortless removal and ready disposal.

Tampax is definitely to be preferred to old-fashioned external methods of sanitary protection for psychological no less than physiological reasons. The wearer is totally unconscious of its presence, and is therefore free from the mental and emotional stress so often experienced during the catamenial period.

Tampax may confidently be recommended by Physicians for use by married women during normal menstruation. Its use by unmarried girls should not be advocated when the size of the hymeneal aperture would cause difficulty in insertion and withdrawal.

Professional samples gladly sent free on request.

TAMPAX
REGD. TRADE MARK
WORN INTERNALLY
★
TAMPAX LIMITED
10 BOLTON STREET LONDON W.1

STREPTOCIDE

(Sulphanilamide Evans)

For the Chemotherapy of Bacterial Infections

INDICATIONS

Endocarditis (Acute) when due to Hæmolytic Streptococci
Erysipelas
Mastoiditis
Meningococcal Meningitis
Otitis Media
Peritonsillitis. (Quinsy)
Phlegmonous Tonsillitis
Post Operative and Traumatic Streptococcal Septic Wounds
Puerperal Septicæmia
Puerperal Thrombophlebitis
Scarlet Fever
Septicæmia following Abortion
Streptococcal Empyema
Streptococcal Meningitis
Streptococcal Peritonitis
Streptococcal Pharyngitis
Streptococcal Purulent Arthritis
Tonsillitis

Recent authoritative reports supply ample evidence also of the great value of Streptocide in B. coli and gonococcal infections of the genito-urinary tract

Packages

Tablets 0.25 grm. and 0.5 grm.	Bottles of 25, 100, 250, 500, 1,000 and 5,000
Powder	Boxes of 12 x 0.25 gramme powders ,, ,, 12 x 0.5 gramme powders Bottles of 1 oz., 4 oz. and 1 lb.
Solution	Boxes of 6 x 5 cc. Ampoules ,, ,, 25 x 5 cc. Ampoules

Prices, Technical Literature and Samples will be sent on application: Home Medical Department, Hanover Street, Liverpool

MADE IN ENGLAND BY

Evans Sons Lescher & Webb Ltd.

Liverpool and London

VOLPAR

for

VOLuntary PARenthood

Volpar is the only contraceptive which is the direct outcome of ten years of continuous research in a University Laboratory. During the second period of five years covered by this research there was complete co-operation between medical men, physiologists, pharmacologists, bacteriologists, chemists, pharmacists and other trained scientific workers who constitute the technical staff of a highly organised industrial laboratory.

Volpar contains the most spermicidal non-toxic substance known.

Issued in two forms:

VOLPAR GELS — in screw-capped glass tubes containing 1 dozen gels, 2s. 0d.

VOLPAR PASTE — in collapsible tubes containing sufficient for about 20 applications, 2s. 0d.

A full size specimen packing will be sent to any physician on request

THE BRITISH DRUG HOUSES LTD. LONDON N.1

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ST. BARTHOLOMEW'S HOSPITAL OPERATION TABLE

with the

Latest Improvements

including

Easy to operate Release Lever for lowering the table; Trendelenburg position increased to 55° tilt; Foot operated rubber-covered Floor Brake.

The St. Bartholomew's Hospital Operation Table is now manufactured in five different models and thus supplies a range of modern operation tables embodying the latest ideas of well-known surgeons for carrying out surgical operations.

All models can be supplied with either tripod or platform base.

Price Model A, with chromium-plated lithotomy crutches only - - **£75**

Over 1075 of these tables are in use at home and abroad.

A descriptive booklet, fully illustrated, will be sent on request.

Model A

In Trendelenburg position, 55° tilt, showing shoulder rests and instrument tray in position.

ALLEN & HANBURYS LTD., LONDON, E.2

Manufacturers of Surgical Instruments and Appliances, Sterilized Surgical Sutures, Hospital Furniture, and Electro-Medical Apparatus,

Showrooms: 48 Wigmore Street, W.1

For Effective Control of Pain

AMONG the many and diverse analgesics which have been evolved by modern chemical research, acetyl-salicylic acid retains its reputation as one of the safest and most effective. Its tendency to liberate salicylic acid—the irritant properties of which are well known to physicians—has, however, caused many to hesitate to employ it as widely as it deserves. Exhaustive trial in hospital and private practice proves that "Alasil" definitely solves the problem of administering acetyl-salicylic acid in an effective form, being free from the risk of irritating the stomach or bowels or of causing general reactions.

A supply for clinical trial with full descriptive literature sent free on request.

In "Alasil" the desirable therapeutic effects of acetyl-salicylic acid are well exhibited by its calcium acetyl-salicylate moiety, while the presence of "Alocol" (Colloidal Hydroxide of Aluminium), a powerful gastric sedative and antacid, obviates any tendency to gastric irritation. The superior absorbability of "Alasil" over ordinary salicylate compounds and its freedom from the risk of liberating free salicylic acid in the stomach have been well proved by careful experimentation. "Alasil" can be prescribed with perfect safety to patients of all ages and in larger doses than ordinary salicylate compounds.

A. WANDER, LTD., Manufacturing Chemists,
184, Queen's Gate, London, S.W.7.
Laboratories and Works: KING'S LANGLEY, HERTS.

ALASIL

M288

Wheat-starch conversion

BY BENGER'S FOOD

Benger's Food is a specially prepared wheaten powder containing adequate quantities of natural pancreatic enzymes of which the proteolytic enzyme known as trypsin and the starch converting amylases are of first importance. The wheaten powder serves two highly important functions (1) it acts as conveyor of these enzymes (2) in preparation of the Food by the admixture of hot milk it is converted into dextrins, dextri-maltoses and maltose.

When the hot milk meets the cold mixture the resulting temperature is correct for the enzyme action. Within two minutes the starch of the wheaten powder has been made soluble so that prepared Benger's Food contains only 0.5% of insoluble starch. As the digestion proceeds the trypsin modifies the milk protein so that when it comes in contact with the gastric juices, it separates into fine flocculi, as compared to the heavy tough curd formed by milk itself. Both actions take place whilst the Food is too hot to drink.

INDICATIONS.

Prepared in this quicker manner (eliminating the standing period and second boiling) Benger's Food provides a soothing and comforting light diet for all minor digestive disorders and ailments.

Prolonging the standing period allows the action of the amylase to proceed further so that dextrins, dextri-maltoses and maltose are formed, while insoluble starch remains as 0.5% of the prepared Food. Tryptic activity continues at the same time so that the milk protein is modified to the point where the curd formed upon contact with the gastric juices is similar to that of human milk.

When breast feeding fails, Benger's Food forms the ideal infant diet. Starch content is negligible. Carbohydrate is present as the ideal mixture in dextrins, dextri-maltoses and maltose. Milk protein is modified to suit the de icate digestive organs of the infant.

When digestive weakness is extreme, such as in cases of peptic or duodenal ulcer and the problem is to give the maximum of nourishment, Benger's Food provides both nourishment and digestive rest.

Sole Manufacturers: BENGER'S FOOD, LTD., HOLMES CHAPEL, CHESHIRE, ENG.

The Benger Laboratories are always at the disposal of the medical profession in any of their dietetic problems.

T.7

Head Colds
Nasal Catarrh
Paranasal Sinusitis . . .

The structure of the rhinological tract is so complicated that when congestion is present many parts of the affected area cannot easily be reached by a liquid vasoconstrictor. The vapour from 'Benzedrine' Brand Inhaler, diffusing throughout the nasal cavity, reaches and relieves congestion wherever it is present. Thus it not only affords improved respiratory action but also helps to re-establish drainage of the accessory sinuses—an important factor in preventing acute attacks from becoming chronic.

The use of 'Benzedrine' Brand Inhaler at the first sign of a cold will often abort the condition entirely. Even in the acute stages marked symptomatic relief can be obtained and the onset of more serious complications prevented.

Compact, convenient, effective—'Benzedrine' Brand Inhaler is especially helpful to those who must 'carry on' unhampered by head colds or other forms of nasal congestion.

Medical officers and other physicians are invited to write from their present address for professional samples

Distributed by

MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, LONDON, S.E.5

for Smith, Kline & French Laboratories, owners of the Registered Trade Mark, 'Benzedrine'

WAR-TIME practice, both civil and military, throws in great relief the need for a true physiological tonic. This is interpreted in day-to-day practice as the necessity for a liquid food which completely meets every metabolic need, is readily accepted by the patient and is immediately assimilated.

'Ovaltine' meets this necessity in a highly satisfactory manner, both as an emergency measure and as a regular routine. The nutritive and energising constituents of 'Ovaltine' are rapidly assimilated, providing every dietary essential and, at the same time, allaying nervous tension in a most helpful manner.

'Ovaltine' was widely used in the war-time hospital service during 1914-1918 both in England and overseas. It is without a rival as a routine dietary supplement designed to meet abnormal demands on the nervous system, while its use at night produces a definite and very desirable sedation.

'Ovaltine' possesses many advantages over ordinary food drinks. It is a concentrate derived from malted barley, full-cream milk and new-laid eggs from the world-famous 'Ovaltine' farms, and contains vitamins A, B complex and D, and important mineral elements. Its content of "first class" protein, carbohydrate and fat is carefully adjusted to the optimal ratio for metabolic needs. Moreover, 'Ovaltine' possesses special properties which make milk more digestible, and thus easily assimilated by even the most acutely ill patient.

Supplies are available to hospitals in special packings and at special prices.

A liberal supply for clinical trial sent free on request.

A. WANDER Ltd., 184, Queen's Gate, London, S.W.7

Laboratories, Works and Farms: King's Langley, Herts.

Branches: CANADA: Peterborough, Ont. AUSTRALIA: 1 York Street North, Sydney. NEW ZEALAND: Maritime Buildings, Custom House Quay, Wellington. SOUTH AFRICA: P.O. Box 597, Cape Town. STRAITS SETTLEMENTS: P.O. Box 660, Singapore. HONG-KONG: 18 Pedder Street. Also at Berne, Paris, Chicago, Milan, Malta, Mauritius, Colombo, Cairo, etc.

Distributing Agents: INDIA: 85a Ripon Street, Calcutta.

M298

Rx RUBIAZOL

AN AZO-DYE COMPOUND

REDUCED TOXICITY in anti bacterial therapy is an important consideration.

Abundant clinical evidence has established Rubiazol as a highly active and safe Remedy for all hæmolytic streptococcal infections. Advantages include : The most acute cases respond to a daily dose of 12 tablets. No clinical manifestations of toxicity noted after three years' trial. Is effective in prophylaxis and treatment.

STREPTOCOCCAL INFECTIONS

Meningococci — Staphylococci — Bacilli-Coli — Brucellæ

Literature and Samples on request

ROUSSEL LABORATORIES LTD. 36 CAVENDISH SQUARE W1 MAYFAIR 8695

HEAD COLDS

The headache, fullness and nasal congestion associated with head colds are quickly relieved by the use of 'Endrine.' 'Endrine' presents ephedrine with other mildly antiseptic and stimulating ingredients in an oily base. It is simple to use and quickly effective.

JOHN WYETH & BROTHER LIMITED, 25 OLDHILL PLACE, LONDON, N. 16.

Sole distributors for Petrolager Laboratories Ltd.

TRADE MARK **'LEXTRON'** BRAND

LIVER-STOMACH CONCENTRATE WITH IRON AND VITAMIN B COMPLEX

IN "SECONDARY" ANAEMIAS

● **In anaemias of the microcytic type, the response to 'Lextron' brand liver-stomach concentrate with iron and Vitamin B complex is rapid. When he prescribes 'Lextron' the physician is assured that his patient will receive all the materials essential to blood regeneration in anaemias of this class.**

'Lextron' brand liver-stomach concentrate with iron and Vitamin B complex is supplied in bottles of 42, 84, and 500 'Pulvules' brand filled capsules.

Prompt Attention Given to Professional Inquiries

ELI LILLY AND COMPANY LIMITED
BASINGSTOKE AND LONDON

'PANOPEPTON'

AN IDEAL FOOD FOR INVALIDS.

Palatable—easy of administration. Lacking palatability, the most desirable of foods in other respects might be of no avail.

Agreeable—well retained, "even in the most desperate cases," to quote from a report.

Stimulating—of special service in low vitality.

Assimilable—perfectly and wholly assimilable, and gives the patient at once the

Nourishing—benefit of every essential element of nutrition.

SUPPLIED IN 12-oz. BOTTLES

A FREE SAMPLE WILL BE SENT TO MEMBERS OF THE MEDICAL PROFESSION ON REQUEST

Originated and Manufactured by

Fairchild Bros. & Foster (Inc. N.Y.),
NEW YORK, and 65, Holborn Viaduct, London, E.C.1.

Agents:

Burroughs Wellcome & Co.,
LONDON, SYDNEY, CAPE TOWN.

Hepato-biliary Disorders

The treatment of biliary affections generally requires regulation of diet and, for a time at least, adjustment of the mode of living. The medicinal treatment is adequately supplied by Veracolate Tablets.

By its cholagogic action, Veracolate stimulates the formation of bile, keeps it freely flowing, and maintains cholesterol in solution thereby preventing its precipitation. These effects are accomplished by highly purified bile salts — sodium glycocholate and taurocholate. In addition, the laxative properties of Veracolate provide for the relief of intestinal stasis which is generally present in gall-bladder disease.

Veracolate serves as a reliable cholagogue in the treatment as well as in the prevention of cholecystitis, cholelithiasis and other functional disorders of the liver and gall-bladder.

Veracolate brand Tablets are supplied in bottles of 50, 100 and 500.

WILLIAM R. WARNER & CO. LTD., POWER ROAD, CHISWICK, LONDON, W.4

VERACOLATE

BRAND TABLETS

A TRUE CHOLAGOGUE

EFFECTS OF REFINED FOODS

BREAD—ANCIENT & MODERN

It is well enough known that the rise of industrialism in the last century caused a profound change in the quality as well as the quantity of the food of the people. In many respects this change was for the better, in that improvements in agriculture, in transport and in storage made the food supply more plentiful, more varied and, above all, more certain than it ever was before.

In spite of all this, in certain directions the nation found itself by far the poorer. Many of the processes introduced with the object of preserving foods were found to be highly deleterious. The preservatives were often slow and sometimes rapid poisons, while 'improvers' helped to disguise gross defects in the quality of foodstuffs. Poisonous adulterants have long been forbidden by law and, through the watchful activities of our public health organisation, have now become a thing of the past. But besides these added substances, there has become evident the highly disturbing result of the *removal* of important portions of the natural foods.

Of all the changes in the diet of this country, perhaps none has had a greater effect than the introduction of 'patent' roller-milled flour in the manufacture of white bread. This change was introduced mainly because of the difficulty of preventing flour from going rancid through the action of the enzymes contained in the germ. This embryo was largely removed by the new steel mills, and with it went the valuable vitamins and minerals of the natural wheat. The result may well have inspired the old gibe that the producers were more interested in prolonging the life of their product than that of their client.

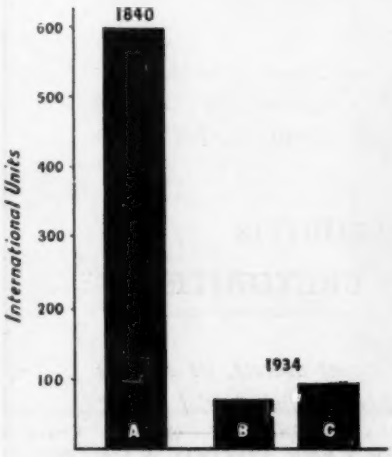
In all fairness to the producers it must be acknowledged that the public demand for white bread has always been insistent among civilised communities, probably due to the belief that such bread is cleaner, or contains less impurities than the brown; in fact, that it is more "refined." Nevertheless it is interesting to note that belief in the virtues of wholemeal bread has not been confined to recent times. The knowledge that white bread may lack some of the beneficial qualities of brown can be found here and there among the writers of classical antiquity.

In the days of the Roman Empire under Nero, the novelist Petronius, in his famous description of

"The Feast of Trimalchio"
Illustration from "La Satyre de Petrone," a French translation of the "Satyricon" of Petronius Arbiter, published in 1695

Trimalchio's banquet, put these words into the mouth of one of the guests. ". . . . . panem autopyrum de suo sibi, quem ego malo quam candidum; et vires facit, et cum mea re facio, non ploro"; which has been translated: ". . . . pure wholemeal bread, which I prefer to white myself; it puts strength into you, and is good for the bowels." So much for the 'newness' of the discovery.

To-day when the use of white bread is almost universal, the importance of ensuring an adequate supply of the missing wheat germ can hardly be exaggerated. It is for this reason that a daily supplement of Bemax, which is the stabilised germ of wheat, should be made a regular practice for the preservation of health.



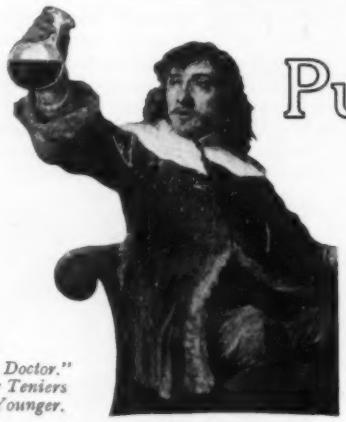
CHANGES IN VITAMIN B_1 INTAKE

due to the reduction in the amount of bread eaten during the last hundred years

In 1840 an average of 21.3 ozs. of wholemeal bread containing 30 units of Vitamin B_1 per oz. was eaten daily, thus adding to the diet approximately 600 i.u. of Vitamin B_1 (Col. A).

In 1934 (latest available figures) the daily consumption of bread was 11.6 ozs. Most people eat white bread containing 5 units of Vitamin B_1 per oz., thus providing a total of only 60 units (Col. B). If 10% of brown bread is eaten a day the amount of Vitamin B_1 supplied rises to 90 i.u. (Col. C).

Laboratory reports and clinical sample of Bemax sent to medical men on application to: **Vitamins Limited, (The Bemax Laboratories), (Dept. L.3), 23, Upper Mall, London, W.6.**



"The Doctor." After Teniers the Younger.

Pus in the Urine

If the deposit in the urine is pus, it suggests that some pathogenic micro-organism has gained entrance to the urinary tract. In that case, whatever other measures are adopted, a reliable urinary antiseptic—speedy and sure in its relieving action—is essential.

CONVENIENT — SPEEDY — SEDATIVE — SAFE

PYRIDIUM

GIVES PROMPT SYMPTOMATIC RELIEF

Practically all clinical reports on Pyridium make special mention of the marked symptomatic relief which quickly follows its oral administration. Relief is frequently observed within half an hour of the initial dose. This analgesic effect is evidenced by disappearance of tenesmus, abatement of referred lumbar pain, and relief of pain on urination.

The prompt local analgesic effect of Pyridium upon the genito-urinary mucosa would alone establish it as an invaluable aid in the treatment of infections of the urinary tract, but it also possesses an enviable record of high achievement in satisfactory end-results.

The oral administration of Pyridium is a marked advantage in ambulatory cases; it is non-toxic in therapeutic doses, and is non-narcotic; it does not call for any special dietary regimen; and it is equally effective in either acid or alkaline urine.

IN CYSTITIS — PYELONEPHRITIS

PROSTATITIS — VAGINITIS — URETHRITIS

To any medical practitioner who writes from his present address, we shall be pleased to send samples of Pyridium Tablets for clinical trial

MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, LONDON, S.E.5

Measles Modification with

IMMUNE GLOBULIN (Human)

Lederle

FIVE YEARS OF CLINICAL STUDY and laboratory investigation of this serum have proved its value in the modification of the attack and the lessening of the dangerous complications of measles.

Two published reports[1], [2] of this study are significant. Others are in preparation. These observations indicate that as little as 2 cc., if injected intramuscularly within 6 to 8 days after the initial intimate exposure, is effective in children under 2 years of age.

Older children require larger doses.

It is believed by some authorities that 2 to 3 times the indicated modifying dose will often prevent the attack entirely.

There is no satisfactory evidence available that an attack of measles can be modified by administration of any practical dose of Immune Globulin (Human) after the characteristic symptoms of the disease have appeared.

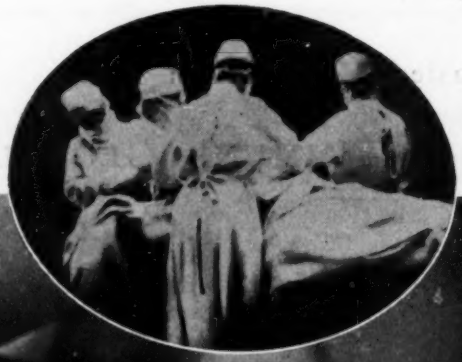
Chas. F. Thackray LTD

[1] Levitas, Irving M.: Treatment, Modification and Prevention of Measles by Use of Immune Globulin (Human), J.A.M.A., 1935, *105*, 493.

[2] Laning, G. M. and Horan, T. N.: Immune Globulin Used as a Preventive and Modifier of Measles, Jour. Mich. Med. Soc., 1935, *34*, 772.

A PRODUCT OF THE LEDERLE LABORATORIES INC., NEW YORK, U.S.A. Distributed in England by CHAS. F. THACKRAY, LTD., The Old Medical School, LEEDS, and at 252 Regent Street, LONDON, W.1

Smooth Anæsthesia



— followed by a peaceful recovery

The induction of anæsthesia with 'Avertin' is quiet, and during the operation only small amounts of supplementary anæsthetics may be needed. In the post-operative stage nausea and vomiting are reduced to a minimum, and the need for morphine and other sedatives is considerably lessened.

BAYER

THERE IS NO SUBSTITUTE IN QUALITY for a BAYER PRODUCT

'AVERTIN'

TRADE MARK — BRAND OF TRI-BROM-ETHANOL

BASAL ANÆSTHETIC

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MAY & BAKER SULPHONAMIDES

***DAGENAN**
(M & B 693)

For oral administration in Pneumococcal, Gonococcal and other Bacterial Infections.

- **High activity**
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***PROSEPTASINE**

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***SOLUSEPTASINE**

for oral and parenteral administration respectively in Streptococcal Infections.

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PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD., DAGENHAM

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In many of the wasting diseases of childhood, a sensitive, irritable stomach and intestines preclude proper nourishment.

Under the administration of 'Angiers' these organs become pacified and retentive, digestion is strengthened, and the assimilation of food is normal and complete. It is oftentimes surprising how quickly pale, flabby, weakly infants and children gain flesh, strength and vitality when they are given the Emulsion systematically.

We confidently urge its trial in marasmus, scrofulosis, inherited tuberculosis, anæmia, and in the malnutrition associated with acute infectious disease. It is likewise one of the most useful and dependable remedies for the treatment of bronchitis, whooping cough and the respiratory affections associated with measles and scarlet fever.

The pleasant, cream-like flavour of 'Angiers' and its ready miscibility with milk or water, make it eminently suitable for administration to children.

Free Samples to the Medical Profession

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ANGIERS BRAND EMULSION

In CONVALESCENCE . . .

IN POST-OPERATIVE convalescence, no less than in convalescence following specifically medical conditions, Neuro Phosphates (Eskay Brand) has long proved its worth as a reconstructive tonic.

The following table shows the results obtained by the administration of Neuro Phosphates to 100 typical convalescent cases—medical and surgical—over a four weeks' period.

SYMPTOMS	NUMBER OF CASES IN SYMPTOM GROUP DESCRIBED	PATIENTS IMPROVED	
		Number	Percentage
Anorexia and Loss of Weight ...	87	73	84
General Debility, Fatigue and Weakness ...	100	87	87
Nervousness and Insomnia ...	61	53	87

These results clearly demonstrate that Neuro Phosphates is of real value in those clinical symptoms for which a tonic is usually prescribed

NEURO PHOSPHATES

(ESKAY BRAND)

Each adult dose (two teaspoonfuls) contains in acid state:—

Sodium Glycerophosphate ... ... 2 grs.
Calcium Glycerophosphate ... ... 2 grs.
Strychnine Glycerophosphate ... ... 1/64 gr.

Physicians are invited to write from their present address for professional samples

MENLEY & JAMES LTD., 123, COLDHARBOUR LANE, LONDON, S.E.5

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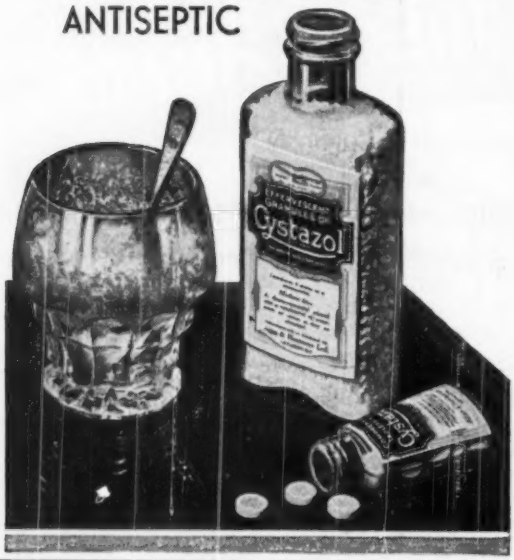
A POWERFUL URINARY ANTISEPTIC



Cystazol' is a combination of Hexamine with Sodium Benzoate: its action depends on the liberation of formaldehyde from the decomposition of the hexamine that takes place in the urine which has been rendered acid by the sodium benzoate moiety.

'Cystazol' is employed with advantage in cystitis, bacilluria of all types, pellagra, gonorrhœa and septic conditions of the urinary tract generally.

COMPRESSED TABLETS of 'Cystazol'

Supplied in bottles of 20, 40, 80, 160 and 500 (10 grain) tablets, at 1/6, 2/6, 4/6, 8/6 and 20/-

EFFERVESCENT GRANULES of 'Cystazol'

Supplied in bottles at 2/6 and 4/6.

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Supplies a potent source of the anti-scorbutic vitamin C in a form convenient for infant feeding and other purposes.

It is equivalent to about four times as much fresh orange juice and retains its full activity for a long period.

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May be taken by children and adults in the form of a delightful drink by diluting with about ten times its volume of plain or aerated water or milk.

In bottles, 2/3 each

Allen & Hanburys Ltd

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COSYLAN (Syrup Cocillana Compound, P., D. & Co.) has abundantly justified itself as an efficient remedy for the relief of an irritating cough and, in fact, in any condition caused by bronchial irritation in which the cough is excessive and the secretion and expectoration scanty.

Cocillana is an expectorant of the ipecacuanha type, but it is superior to ipecacuanha because it relaxes the dry congested bronchial mucosa into a freely secreting membrane without even a suggestion of nausea or vomiting since it has a selective affinity for the mucous glands of the bronchi and is excreted through the respiratory tract.

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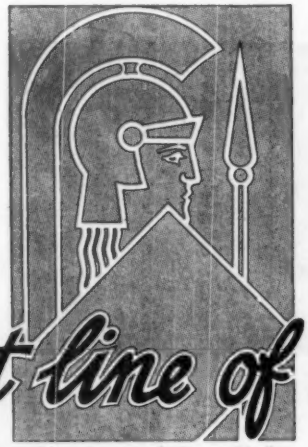

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	Salis Effervescentis,	*q.s.*

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A valuable sedative in conditions of nervous excitability and in times of stress. A pleasant draught is quickly prepared.

℞	**Potassii Bromidi,**	**0·4 gramme (gr. 6¼ approx.)**
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Capsules in boxes of 25, 100, *and* 1,000. *Phials,* 8 cc.

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Active measures can now be taken to deal with spontaneous haemorrhage from the bowel, stomach, or umbilicus, or into the subcutaneous tissues of the new-born. Since the isolation of vitamin K this year, investigation has shown that 2-methyl-1:4-naphthoquinone, a closely related compound, possesses intense vitamin K-like activity. Glaxo Laboratories now prepare this substance, and make it available in oil solution under the trade mark 'KAPILON.' By restoring prothrombin levels, Kapilon reduces coagulation time. It clears up the condition in milder cases and may save life in the more severe instances. Kapilon is also indicated for prophylaxis against haemorrhage during and after operation, in cases of obstructive jaundice. Each 1 cc. ampoule of Kapilon contains 5 mgms. of 2-methyl-1:4-naphthoquinone in oil solution for intramuscular injection.

Boxes of 6 x 1 cc. ampoules

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Safe, Gentle, and Palatable.

Prepared from senna pods by a special cold process. The absence of an after-constipating effect gives it a special value in habitual constipation, and its gentle, though efficient, action, together with its pleasant flavour, makes it particularly acceptable to women, children, elderly and delicate persons, and convalescents, for whom the finding of a satisfactory aperient is often difficult.

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In tins of 12 and 24, and bottles of 100.
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Numerous reports show its success in functional nervous disorders with disturbance in nutrition. Bynogen contains the glycerophosphates of sodium, calcium, magnesium, and iron, soluble milk proteins, and soluble extract of malt and whole wheat. The large proportion of casein, besides the glycerophosphates, is a source of phosphorus. The mineral elements play important parts in metabolism.

Bynogen is an excellent War-time Nerve Tonic.

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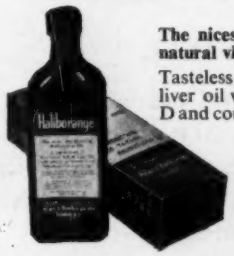

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ALLEN & HANBURYS LTD
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[*See also pp.* 12 & 26]

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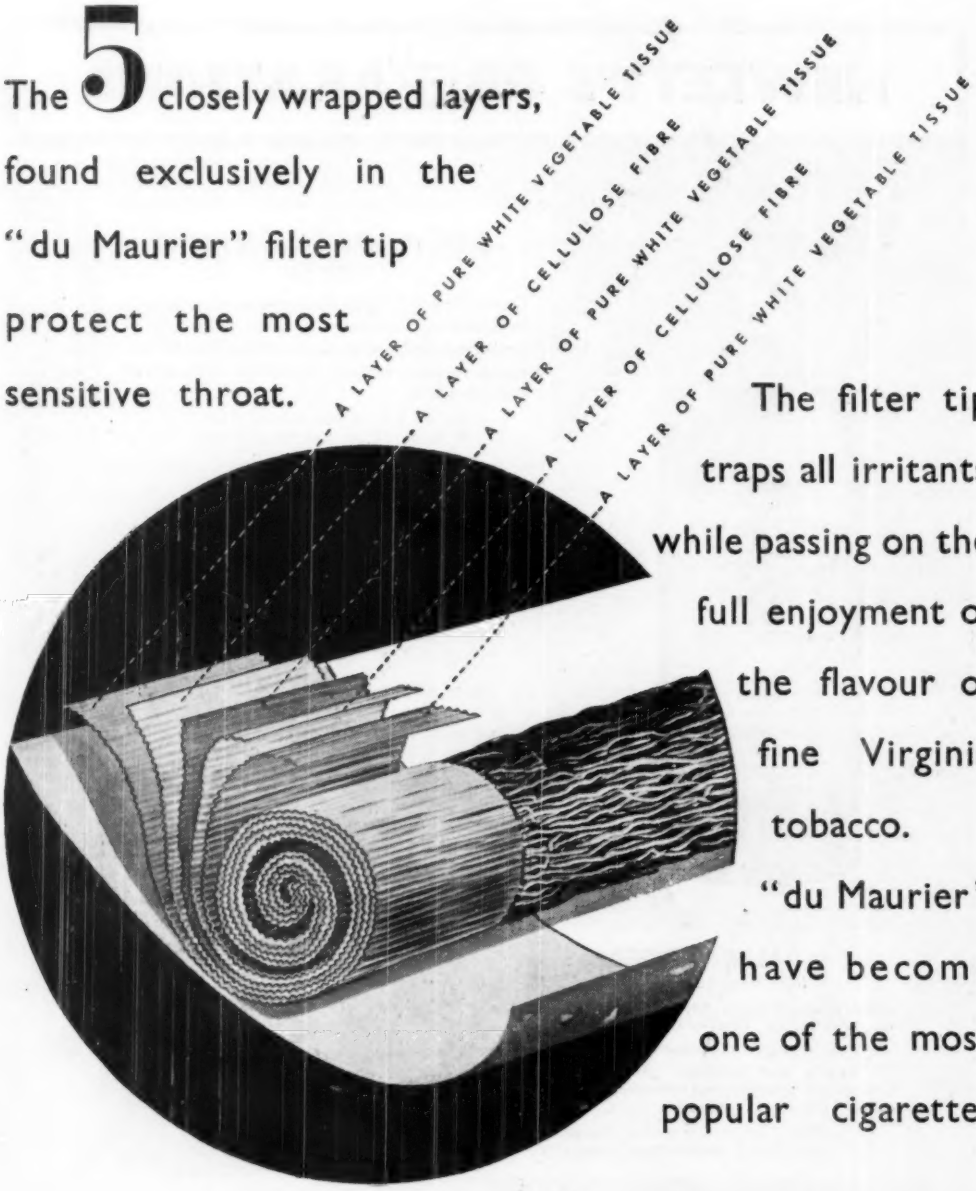

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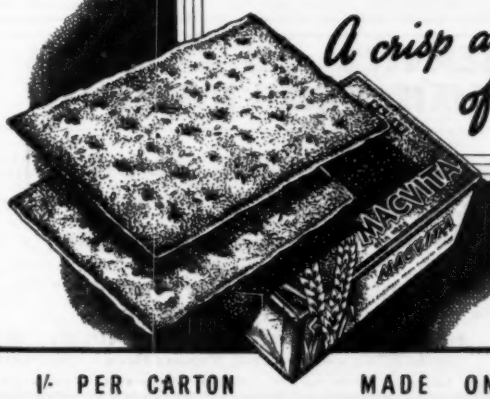

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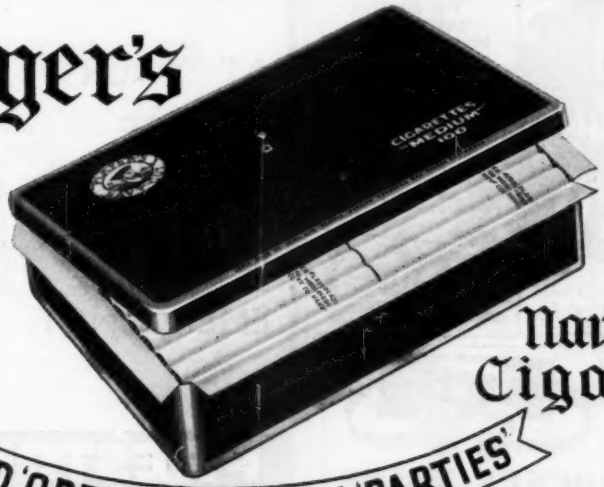

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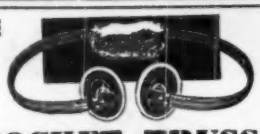

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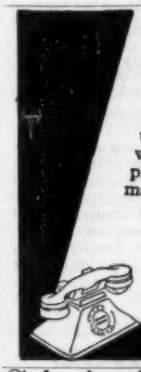

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This Hospital, administered by a Committee of the Society of Friends, combines what is best in the newer methods of investigation and treatment of nervous and mental illness with a sympathetic and friendly atmosphere.

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CONVALESCENT HOME AT BOURNEMOUTH Detached Villas standing in 12 acres of ornamental grounds, with tennis courts, etc., which Voluntary, Temporary or Certified Patients may visit by arrangement for long or short period.
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This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.
The Hospital is governed by a COMMITTEE, appointed by the TRUSTEES of the Manchester Royal Infirmary.
In addition to the Main Buildings there are separate villas. Extensive grounds. Hard and grass tennis courts, cricket and croquet grounds, and a court for badminton. There are also wireless installations. Golf may be had within easy distance. Occupational Therapy.
VOLUNTARY, TEMPORARY, AND CERTIFIED PATIENTS received.
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For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

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For NERVOUS AND MENTAL DISORDERS

Separate Villa for patients suffering from the effects of alcoholism and drug addiction. Every facility for complete investigation and individual treatment on the most modern lines. Fully equipped gymnasium, golf course, and indoor swimming pool. Specially trained occupational and recreational therapists. Private rooms, suites, and special nurses available. As the hospital is well endowed terms are exceptionally moderate, e.g., First Department from 3 guineas per week, Second Department, 2 and 2½ guineas per week. Voluntary and certified patients are received. Medical Certificates given anywhere in the British Isles are valid for admission of patients. *For prospectus, necessary forms, and further information apply to:—*
Physician Superintendent, P. K. McCowan, J.P., M.D., F.R.C.P., D.P.M., Barrister-at-Law. Tel. Dumfries 1119.

..... Let them recuperate in serene & healthful surroundings

For many years Bournemouth has enjoyed the reputation of being one of the finest centres for convalescence in the British Isles.

In times like these, Bournemouth is pre-eminently suitable. The balmy, resinous air, long hours of sunshine and sheltered position provide the most favourable environment; while the social life and activities, for which Bournemouth is famous the whole year round, stimulate interest and create in the patient that will to recovery which is more than half the battle.

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Write for the "Book of Bournemouth," and any other information to the Publicity Manager, Room 15, Town Hall, Bournemouth.

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CHISWICK HOUSE,
PINNER, MIDDLESEX.
Telephone: PINNER 234.

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes.
A modern country house, 12 miles from Marble Arch, in attractive and secluded surroundings. Fees from 10 guineas per week inclusive. Cases under Certificate, Voluntary and Temporary Patients received for treatment.
DOUGLAS MACAULAY, M.D., D.P.M.

ST. CHRISTOPHER'S NURSERY COLLEGE
TUNBRIDGE WELLS - KENT
is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
Nervous and delicate infants and children are also accepted and receive individual care and attention. The quiet situation of the College among fields and woods is especially suitable.
Further particulars on application
Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.
Tel. No.: T. W. 595.

Swedish Institute Physiotherapy
CLINIC, 108, Cromwell-road, S.W.7.
Tel.: WES 1010.

Fully equipped with Light, Electrical, Diathermy, and Short-wave Apparatus, and having a qualified and experienced staff of chartered masseuses. Doctors and specialists can prescribe treatments under their own direction.

HIS MAJESTY'S COLONIAL SERVICE

THE COLONIAL MEDICAL SERVICE

Before the end of the year the Secretary of State for the Colonies proposes to select a limited number of Medical Officers for Service mainly in Tropical Africa. They will be required to attend a course of instruction in Tropical Medicine and Hygiene commencing in January before proceeding overseas.

Qualifications: Applicants, who must be British subjects of European parentage and under thirty-five years of age, must be fully qualified.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 8, Buckingham Gate, London, S.W.1.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
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M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.)..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287 ; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.)..	704

M.D. (various), by Thesis. Many Successes.

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MEDICAL PROSPECTUS (47 pages), sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

The Royal Cancer Hospital (Free)

(Incorporated under Royal Charter),
Fulham-road, London, S.W.3.

Applications are invited for the post of HOUSE SURGEON (Resident) to be attached to the RADIUM DEPARTMENT.

Candidates must be registered Medical Practitioners and unmarried.

Salary £100 per annum.

Facilities afforded for Post-graduate Study.

The appointment is for six months, commencing 1st January, 1940.

Applications, to be made on a form which will be supplied by the Secretary, with copies only of not more than three testimonials, to be sent to the Secretary not later than the first post Friday, 15th December, 1939.

CLEMENT COBBOLD, Secretary.

The Queen's Hospital for Children,

Hackney-road, E.2.

Casualty Officer (Male) required 1st January, 1940. Six months' appointment. Salary at rate of £100 per annum, with board, lodging, and laundry. Candidates must have had some previous experience and be prepared to participate in Emergency Hospital Scheme in connexion with which emergency beds have been reserved.

Applications must be made on forms to be obtained from the undersigned, and be sent in with copies of not more than three testimonials, on or before 13th December, 1939.

CHARLES H. BESSELL, Secretary.

The Salvation Army,

THE MOTHERS' HOSPITAL, Lower Clapton-road,
Clapton, E.5.

Applications are invited from Medical Women for the post of JUNIOR RESIDENT MEDICAL OFFICER, vacant January 1st, 1940. Salary £80 per annum, with board, residence, and laundry. The appointment is for six months.

Applications, with testimonials, must be sent to the Secretary on or before Monday, December 18th, 1939.

FRED HAMMOND, Secretary.

Metropolitan Borough of Greenwich.

APPOINTMENT OF TUBERCULOSIS OFFICER FOR THE COUNCIL'S DISPENSARY, AND DEPUTY MEDICAL OFFICER OF HEALTH.

The Council of the above-named borough invites applications from Male registered Medical Practitioners not exceeding forty years of age for the appointment of Tuberculosis Officer for the Council's Dispensary and Deputy Medical Officer of Health.

Candidates must possess the qualifications prescribed by the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930, the Diploma in Public Health, and must also have had experience in X-ray work in connexion with tuberculosis.

The person appointed will have charge of the Tuberculosis Dispensary under the administrative direction and control of the Medical Officer of Health, and will be personally responsible for the diagnosis and treatment of all patients at the Dispensary. He will carry out the duties of Tuberculosis Officer and will visit patients for observation purposes, but not generally for domiciliary treatment. He will be available for consultation with general practitioners, and will act as Medical Officer to the Tuberculosis Handicraft Centre.

He will perform such other duties as may be considered necessary by the Medical Officer of Health.

The inclusive commencing salary will be at the rate of £750 per annum, rising by biennial increments of £50, to a maximum salary of £1,000 per annum.

The successful candidate will be required to devote the whole of his time to the service of the Council, shall not engage in private practice, and shall reside within the Borough.

The appointment will be terminable by three months' notice in writing on either side and will be subject to the provisions of the Council's Superannuation Acts.

Applications must be made on forms to be obtained from the undersigned, accompanied by copies of not more than three recent testimonials, must be sealed up and endorsed "Tuberculosis Officer," and must reach this office not later than 10 A.M. on Wednesday, 27th December, 1939.

Canvassing members of the Council either directly or indirectly will be a disqualification.

D. J. REASON, Town Clerk.

Town Hall, Greenwich, S.E.10, 1st December, 1939.

St. Marylebone and Western General

DISPENSARY,
48, Cosway-street, Marylebone-road, N.W.1.

Wanted, an HONORARY PSYCHOLOGIST to take charge of a small Adult Clinic once a week.

Application, with copies of three testimonials, should be made to the Secretary before the 15th December.

St. Mark's Hospital for Cancer,

FISTULA, AND OTHER DISEASES OF
THE RECTUM, City-road, London, E.C.1.

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male). Salary £150 per annum, and certain emoluments, with board, residence, and laundry. Duties to commence 1st February, 1940.

Applications, with copies of testimonials, must reach the Secretary (from whom further particulars may be obtained) not later than Saturday, 30th December, 1939.

Queen Mary's Hospital for the East

END, Stratford, London, E.15.

Applications are invited from fully qualified and registered Medical Men for the following posts:—

1 HOUSE PHYSICIAN.
2 HOUSE SURGEONS.
2 CASUALTY OFFICERS.

The appointments will date from the 1st of January, 1940, and will be for six months. Salary at the present rate permitted by the Ministry of Health under the Emergency Medical Service, which will be at the rate of not less than £150 per annum.

Candidates must be single and must send applications, together with copies of testimonials, to the undersigned not later than Friday, the 15th of December, 1940.

BERNARD T. HEMPEL (Captain), Chairman.

National Temperance Hospital,
Hampstead-road, N.W.1.

Applications are invited to fill vacancies for the posts of CASUALTY OFFICER, HOUSE PHYSICIAN, HOUSE SURGEON, all of whom will be required to act as House Surgeons under the E.M.S. Salary £100 per annum, plus an allowance from the E.M.S. Board, residence, and laundry allowance provided. The appointment is for a period of three months as from January 1st. Preference will be given to those who have held resident posts.

Applications, stating qualifications, age, &c., with copies of not more than three testimonials, by Tuesday, December 19th, addressed to the Secretary.

Middlesex County Council.

RESIDENT CASUALTY MEDICAL OFFICER required at CENTRAL MIDDLESEX COUNTY HOSPITAL, Acton-lane, Willesden, N.W.10. Must be registered Medical Practitioner who has held the post of House Physician and House Surgeon at a General Hospital, and has had good all-round, but particularly surgical, experience. Salary £350 per annum, with board, lodging, and laundry. Whole-time duties under Medical Superintendent will include dealing with casualties and admissions to Hospital, and such other duties as may be required. Appointment subject to medical examination and to one month's notice, and is for six months in the first instance and may be extended for a further six months. Preservation of pension rights under certain Acts.

Applications to the undersigned by 16th December. No application forms provided. Relationship to any member or officer of the Council to be disclosed in the application. Copies of not more than three recent testimonials to be enclosed. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE, "B.3," Clerk of the County Council.
Guildhall, S.W.1.

County Council of Durham.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

The County Health Committee invite applications for the appointment of a Deputy County Medical Officer of Health at a salary of £960 per annum. Reasonable travelling and out-of-pocket expenses will be paid by the County Council.

Applicants must be duly registered Medical Practitioners holding a degree or diploma in Public Health, and the gentleman appointed will be required to devote the whole of his time to the duties of the office and to reside in the City of Durham or other approved centre.

The appointment will be subject to the regulations for the time being of the County Council relative to the payment of salary in the case of sickness, and will be terminable by three calendar months' notice on either side.

He will be expected to undertake any duties required of him by the Council bearing on the health and medical services of the County, and will act under the administrative control of, and be responsible to, the County Medical Officer of Health for his duties.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate will be required to pass a medical examination as required by the Council for the purposes of the Act, and the statutory contributions to the Superannuation Fund under that Act will be deducted from the salary.

Applications, marked "Deputy County Medical Officer of Health," together with copies of not more than three recent testimonials, must be sent to the County Medical Officer of Health, Shire Hall, Durham, not later than Saturday, 23rd December, 1939.

J. K. HOPE, Clerk of the County Council.
Shire Hall, Durham, 4th December, 1939.

City of Birmingham.

MATERNITY AND CHILD WELFARE DEPARTMENT.

A TEMPORARY WOMAN MEDICAL OFFICER is required from January 1st, 1940, for a period of at least six months. The work includes attendance at ante-natal and children's clinics.

Applicants should have had considerable experience in work with mothers and children, including a six months' resident post in a maternity hospital and in a children's hospital. The salary offered is £10 per week.

The person appointed cannot terminate her appointment within the period named, except for health reasons.

Applications, endorsed "Temporary Medical Officer for Maternity and Child Welfare," and accompanied by copies of three recent testimonials, to be made on a form obtainable from the Medical Officer of Health, Council House, Birmingham, 3, and returned to him on or before 20th December, 1939.

Doncaster Royal Infirmary.
(185 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male).

Applicants must be unmarried and have had previous surgical experience. The appointment will be for six months and renewable for further periods of six months, subject to satisfactory service. Salary will be at the rate of £250 per annum, rising by half-yearly increments of £25 per annum to a maximum of £350 per annum.

Applications, together with copies of three recent testimonials, should be forwarded to the undersigned.

R. LANCASTER, Secretary-Superintendent.

The Warwickshire and Coventry Joint
COMMITTEE FOR TUBERCULOSIS.

KING EDWARD VII MEMORIAL SANATORIUM,
HERTFORD HILL, Near WARWICK.

Applications are invited for the post of JUNIOR ASSISTANT MEDICAL OFFICER at the Memorial Sanatorium, near Warwick, of 225 Beds.

The salary will be at the rate of £250 per annum, with board, lodging, and laundry in addition, and the successful candidate will be appointed for six months.

There are three other Medical Officers at the Sanatorium.

Applications, with copies of testimonials, should be forwarded direct to the Medical Superintendent at the Sanatorium to reach him by not later than Monday, the 18th December, 1939.

L. EDGAR STEPHENS, Clerk of the Joint Committee.
Shire Hall, Warwick, 2nd December, 1939.

University of Glasgow.

HARRY STEWART HUTCHISON PRIZE, of the value of about £50, for the best writing or writings embodying original Research Work in a branch of Medical Science relating to Children. Open to Medical Graduates of all British, Home and Colonial Universities of not more than ten years' standing from their first graduation in Medicine.

Applications must be submitted to the Clerk of Senate, University of Glasgow, not later than 31st March, 1941. Each must be distinguished by two mottoes, and accompanied by a sealed letter bearing upon the outside the same mottoes, and containing a declaration subscribed by the author that the composition is entirely his own.

York County Hospital.
(204 Beds.)

Applications are invited for the post of HOUSE SURGEON. Salary £150 per annum, with board, residence, and laundry.

Applications, stating age and previous experience, together with copies of not more than three recent testimonials, to be sent to the undersigned not later than 9 A.M. on Tuesday, 19th December, 1939.

J. R. MACKRILL, Secretary.

Hull Royal Infirmary.

Applications are invited for the post of CASUALTY OFFICER (Male). Salary £150 per annum, plus board, residence, and laundry.

The appointment will be for a period of six months, but will be determinable at any time by one month's notice on either side.

Applications, giving particulars of age, experience, and nationality, together with copies of testimonials, should be addressed to the undersigned.

R. J. CARLESS, House Governor.

City and County of Bristol.

ASSISTANT MEDICAL OFFICER OF HEALTH.

The Council invite applications for a Whole-time Assistant Medical Officer of Health for maternity and child welfare and school medical work. Age not exceeding forty years.

Salary £500, rising by annual increments of £50 to £700 per annum.

The appointment will be subject to the provisions of the Local Government and Other Officers' Superannuation Act, 1936. The Diploma of Public Health is essential. Particulars of the duties of the post may be obtained from the undersigned.

Applications, on forms to be obtained from the Medical Officer of Health, 40, Prince-street, Bristol, 1, accompanied by not more than three recent testimonials, must be received by him not later than the 23rd December, 1939. Envelopes should be endorsed "Assistant Medical Officer of Health."

Canvassing will disqualify.

JOSIAH GREEN, Town Clerk.
Council House, Bristol, 1, December, 1939.

The Kidderminster and District
GENERAL HOSPITAL.
(145 Beds.)

Applications are invited for the post of SENIOR HOUSE SURGEON. Duties will commence on 11th January, 1940, and cease on 30th April, 1940. The salary will be at the rate of £150 per annum, with the usual residential allowances.

Applications, giving full details, should be sent at once to the undersigned.

C. M. SMITH, House Governor and Secretary.

The Bolton Royal Infirmary.
(318 Beds, including Two Auxiliary Hospitals.)

Applications are invited for the following posts:—
TWO HOUSE SURGEONS.

Salary £150 per annum, with board, residence, and laundry.

One House Surgeon mainly in charge of Gynæcological and Ear, Nose, and Throat.

Applications, stating age, nationality, and experience, together with copies of testimonials, should be forwarded to the undersigned not later than first post Friday, December 15th, 1939.

H. AUBREY FROGGATT, Superintendent-Secretary.

Borough of Barking.

DEPUTY MEDICAL OFFICER OF HEALTH.

Applications are invited before 18th December, 1939, from qualified Medical Practitioners for the designated appointment of Deputy Medical Officer of Health and Deputy School Medical Officer.

Candidates must have had experience in Public Health Work and must hold a registerable qualification in Public Health.

Salary Scale £725–£25–£800.

Particulars of duties and application form may be obtained from the undersigned.

S. A. JEWERS, Town Clerk.

Town Hall, Barking, Essex, 28th November, 1939.

Chesterfield and North Derbyshire

ROYAL HOSPITAL.
(220 Surgical and Medical Beds.)

CASUALTY OFFICER AND FRACTURE HOUSE SURGEON.

Applications are invited from fully qualified Men for the above post, to commence as soon as possible.

The appointment is for six months, salary at the rate of £225 per annum, with board, apartments, and laundry.

The duties include the post of House Surgeon to the Director of the Fracture Clinic, under whose care the whole of the fractures, both in- and out-patients, are treated, and deputy to the Resident Surgical Officer.

Candidates for this post should have had special fracture experience.

Applications, stating age and nationality, together with copies of three recent testimonials, should be sent to the undersigned as early as possible.

M. H. BOONE, Superintendent and Secretary.

23rd November, 1939.

Derbyshire County Council.

BRETBY HALL ORTHOPÆDIC HOSPITAL.
(147 Beds.)

JUNIOR RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for the post of Junior Resident Assistant Medical Officer at the above Institution. Preference will be given to candidates who have held resident hospital appointments and who are competent anæsthetists. Orthopædic experience is not essential, but will be considered an additional qualification.

Salary at the rate of £350 per annum, rising by annual increments of £25 to £450 per annum, with board, residence, and laundry.

The successful candidate will devote the whole of his time to the duties of his office.

The appointment will be subject to the provisions of the Local Government and Other Officers' Superannuation Act, 1922, and the person appointed will be required to pass a medical examination.

Application forms may be obtained from the undersigned, to whom they must be returned, together with copies of not more than three recent testimonials, on or before 15th December, 1939.

W. M. ASH, County Medical Officer of Health.

New County Offices, Derby, 25th November, 1939.

Huguenot University College

(UNIVERSITY OF SOUTH AFRICA),
WELLINGTON, CAPE.

WOMAN PROFESSOR IN CHEMISTRY.

Applications are invited for the Professorship in Chemistry at this College. Some previous experience as assistant in a University Chemistry Department essential.

Salary: £450–£25–£650.

An allowance of £40 will be made towards travelling expenses.

The appointment is subject to a three years' probationary period after which it may become permanent.

The first University session of 1940 begins on 7th March. The professor will be expected to take up duty at the beginning of March or as soon thereafter as possible. The professor appointed will be required to join the University Provident Fund.

Applications should reach the Secretary, Office of the High Commissioner for the Union of South Africa, South Africa House, Trafalgar-square, London, W.C.2, from whom further particulars and forms of application can be obtained, not later than the 31st December, 1939.

Kelling Sanatorium, Holt, Norfolk.

JUNIOR RESIDENT MEDICAL OFFICER, Male or Female (unmarried), required to commence duties at the above Sanatorium early in January, 1940.

Kelling Sanatorium has been graded by the Ministry of Health as a Group 2 Emergency Hospital for the reception of casualties. Salary £250 per annum for the first twelve months, and £300 per annum for the second twelve months, if reappointed, together with apartments, board, and laundry. Two months' notice on either side.

Candidates must be duly registered Medical Practitioners.

Applications, in candidates' own handwriting, stating age and qualifications (with one copy of three recent testimonials), to be sent to the Medical Superintendent, Kelling Sanatorium, Holt, Norfolk, not later than December 30th, 1939.

West Sussex County Council.

ST. RICHARD'S HOSPITAL, CHICHESTER.
(144 Beds.)

RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited from registered Medical Practitioners for the appointment of a Resident Assistant Medical Officer, at the above Hospital, at a salary of £350 per annum, rising by annual increments of £25 per annum to a maximum of £450, together with full residential emoluments. Candidates must have had considerable hospital experience especially in surgery, midwifery, and anæsthetics.

The appointment is subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate must undergo a medical examination before taking up the appointment.

One month's notice on either side will terminate the appointment.

Further particulars may be obtained from the Medical Superintendent, St. Richard's Hospital, Chichester, by whom applications, stating age, qualifications, and experience, accompanied by three recent testimonials, must be received not later than 16th December, 1939.

T. C. HAYWARD, Clerk of the County Council.

November, 1939.

New Zealand.

COOK HOSPITAL, GISBORNE.

Applications, closing on 23rd December, 1939, are invited from fully qualified and registered Medical Practitioners for the post of Whole-time RADIOLOGIST at a salary of £1000 (N.Z.) per annum.

Candidates holding the Diploma in Medical Radiology or other equivalent diploma preferred.

Applications, giving full particulars as to age, qualifications, experience, and accompanied by copies of not more than three testimonials, should be addressed to the High Commissioner for New Zealand, 415, Strand, London, W.C.2, from whom further particulars can be obtained.

North Riding of Yorkshire County

COUNCIL.

ASSISTANT TUBERCULOSIS MEDICAL OFFICER
(Male).

Applications are invited for this appointment. The salary is £600 per annum and rises by two annual increments of £50 to £700 per annum, less superannuation deductions; travelling allowances will be paid in accordance with the Council's scale.

The successful applicant must devote the whole of his time to the duties of the office, must not engage in general practice and must reside where directed.

He will be attached to the County Health Department and, subject to the directions of the County Medical Officer, will act under the control of the Chief Clinical Tuberculosis Officer. The post is subject to the provisions of Local Government Superannuation Act, 1937, and the successful candidate will be required to pass a medical examination.

Special knowledge and experience in the modern methods of diagnosis and treatment of tuberculosis are essential.

Applications, accompanied by copies of not more than three recent testimonials, and endorsed "Assistant Tuberculosis Medical Officer," must be received by the undersigned not later than Monday, 16th December, 1939.

HUBERT G. THORNLEY, Clerk of the County Council.

County Hall, Northallerton, Yorks, 28th November, 1939.

Harlow Wood Orthopædic Hospital,

Near MANSFIELD, NOTTS. (190 Beds.)

Applications are invited for the post of HOUSE SURGEON (Male). Salary is at the rate of £200 per annum, with board, residence, and laundry. The duties may include attendance at the associated hospitals and out-patient clinics, and commence on 1st February, 1940. The appointment will be for six months and may be renewed for a further six months.

Applications, stating age and experience, with copies of testimonials, should be received by the Secretary not later than 18th December, 1939.

City of Manchester.

CRUMPSALL HOSPITAL. (1400 Beds.)
(Recognised under the regulations for the F.R.C.S.)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT ASSISTANT MEDICAL OFFICER (Grade 2) at the above-named Hospital.

The salary for the appointment is £250 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service. The duties of the appointment are of a surgical nature and candidates must have had previous experience in surgery.

The appointment will be made in the first instance for a period of six months, renewable for a further six months, but not renewable thereafter.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box No. 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than 20th December, 1939.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 1st December, 1939.

The Jessop Hospital for Women,
SHEFFIELD.

The Board of Management invite applications for the post of HOUSE SURGEON for a period of six months, commencing 1st January, 1940.

Salary £100 per annum, together with board, residence, and laundry.

Applications, stating age, together with copies of testimonials, should be addressed to the undersigned at once.

DAVID OSWALD, Superintendent and Secretary.

Lincoln County Hospital.

Wanted, SENIOR HOUSE SURGEON, Male, unmarried. Salary at the rate of £250 per annum, rising to £300 per annum at the conclusion of six months' approved service. Board, residence, and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts.

Applications, stating age and other particulars, with copies of not more than three testimonials, are to be sent to the undersigned, from whom further particulars may be obtained.

ARTHUR MOORE, Secretary-Superintendent.

Lincoln, 4th December, 1939.

The Royal Hospital, Wolverhampton.
(Incorporated under Charter.)

RESIDENT ANÆSTHETIST, £200 per annum.
HOUSE SURGEON (EAR, THROAT, AND NOSE DEPARTMENT), £100 per annum.

Applications are invited for the above resident posts, duties to commence forthwith.

The Hospital contains 300 Beds, includes the usual special departments, and is recognised by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice.

Candidates must be registered under the Medical Acts and unmarried.

The appointments are for six months. Board, furnished room, and laundry provided. Applications, with copies of testimonials, to be forwarded to the undersigned.

W. H. HARPER, House Governor.

Wolverhampton, December 4th, 1939.

District Infirmary, Ashton-under-Lyne.
(200 Beds, mainly Surgical.)

Applications for the following vacancies are invited, viz.:—
RESIDENT SURGICAL OFFICER (Male), to take up duties about January 12th, 1940. Salary at the rate of £200, with the usual residential emoluments.
HOUSE SURGEON, to take up duties on January 2nd, 1940. Salary at the rate of £150, with emoluments.

The appointments are for six months, with possibility of renewal. Candidates must be fully qualified and duly registered.

Applications, with copies of testimonials, should be sent at once to the undersigned.

FRANK OLIVER, General Superintendent and Secretary.

December 4th, 1939.

Maternity Hospital for the Wives of
OFFICERS IN THE ROYAL NAVY, ARMY, AND ROYAL AIR FORCE, FULMER CHASE, BUCKS.

RESIDENT MEDICAL OFFICER (Woman) required for the above Hospital. Must be highly qualified, with general as well as obstetric experience. Salary £400, with board, residence, and laundry.

Application, with copies of three recent testimonials, should be sent to the Hon. Secretary of the Hospital, 60, Portland-place, London, W.1, by first post on Saturday, December 16th, 1939.

Montagu Hospital, Mexborough.
(120 Beds.)

Applications are invited for the post of RESIDENT HOUSE SURGEON (Male). Salary £150 per annum, with usual residential emoluments. Previous experience essential. The appointment is for six months from the 10th January, 1940, and is subject to renewal. This post offers excellent opportunity for experience.

Applications, stating age, nationality, qualifications, and experience, accompanied with copy testimonials, to be sent to the undersigned immediately.

A. LAYCOCK, Secretary-Superintendent.

Royal Lancaster Infirmary, Lancaster.
(140 Beds. 4 Residents.)

Applications are invited for the post of JUNIOR HOUSE SURGEON (mainly Obstetrics, Gynæcology, and Medicine). Salary £130 per annum, with board, residence, and laundry. The appointment is for six months from 1st February, 1940. The posts of First and Second House Surgeon are recognised for the Surgical practice required for the F.R.C.S. Examination, and the applicant appointed will be eligible to apply for one of these posts at the first vacancy.

Applications, stating age, qualifications, experience, and nationality, together with copies of three recent testimonials, to be sent to the undersigned not later than Friday, 5th January, 1940.

FRANK A. MILNES, Superintendent-Secretary.

Christie Hospital and Holt Radium
INSTITUTE, WITHINGTON, MANCHESTER, 20.

LOCUM TENENS HONORARY ASSISTANT SURGEON.

Applications are invited for the above post. The appointment would involve attending two morning Out-patient Clinics and performing such operations as may be necessary. No testimonials need be forwarded.

Further particulars may be obtained from the undersigned.

PERCY N. GLASS, Superintendent.

Royal United Hospital, Bath.

RESIDENT APPOINTMENTS.

Applications are invited for the following appointments which become vacant on the 1st January, 1940:—
HOUSE SURGEON (general surgery and fractures).
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Applications (clearly indicating the post desired), stating age, qualifications, and experience, together with a copy of three testimonials, to be addressed to the undersigned by 20th December, 1939.

J. LAWRENCE MEARS, Secretary-Superintendent.

1st December, 1939.

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Applicants must have held a resident appointment and have had experience in the administration of anæsthetics.

Applications, stating age, qualifications, experience, and nationality, with copies of not less than three recent testimonials, should be sent to the undersigned not later than Wednesday, the 20th December, 1939.

The elected candidate will be required to enter upon his duties on the 1st January next.

F. J. SYMONS, Secretary.

30th November, 1939.

The King Edward VII Welsh National
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Applications are invited from duly registered Medical Practitioners for the post of HALF-TIME ASSISTANT TUBERCULOSIS OFFICERS (two in number) to be attached to the Newport and Pontypridd areas respectively, and commencing duty on January 1st next. The appointments are limited to nine months, viz., from January 1st to September 30th, 1940, at a remuneration at the rate of £250 per annum. During their tenure successful candidates will be expected to take during the other half of their time the course for the Diploma in Tuberculosis Diseases (Wales) at the Tuberculosis Department, Welsh National School of Medicine, and afterwards sit the examination. Particulars as to fees for this course can be obtained from the Secretary, Welsh National School of Medicine, Cardiff.

Applicants must have held a house appointment in medicine or surgery at a general hospital for at least six months, and must also have held either a post as resident for a period of twelve months in an institution for the treatment of Tuberculosis (medical or surgical) or a period of whole-time work accepted by the Senate as equivalent thereto.

Applications, stating age, qualifications, experience, &c., together with copies of three recent testimonials, should reach the undersigned not later than December 14th, 1939.

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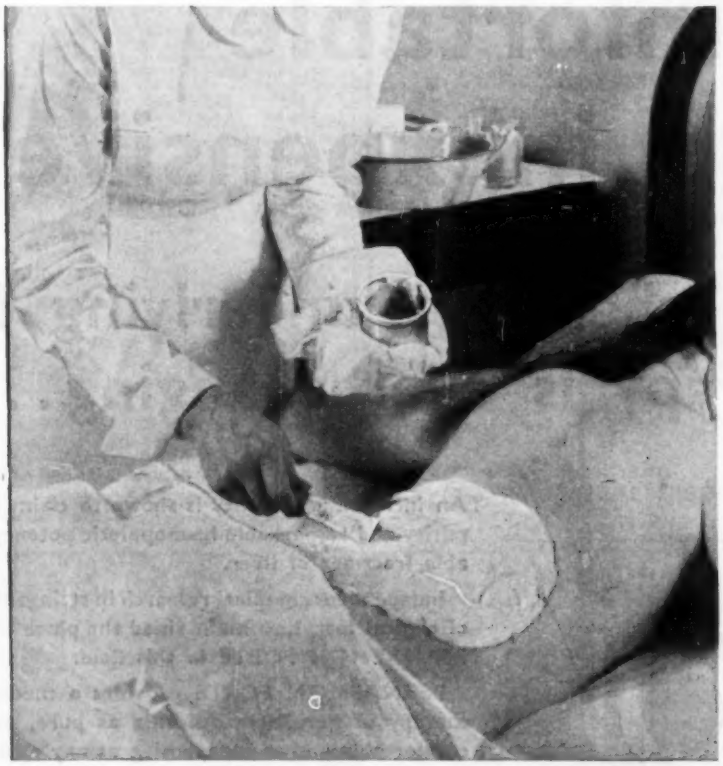

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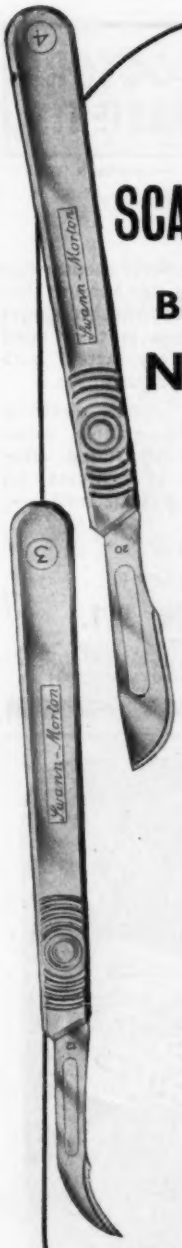

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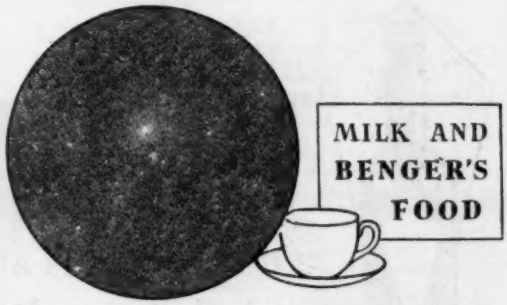

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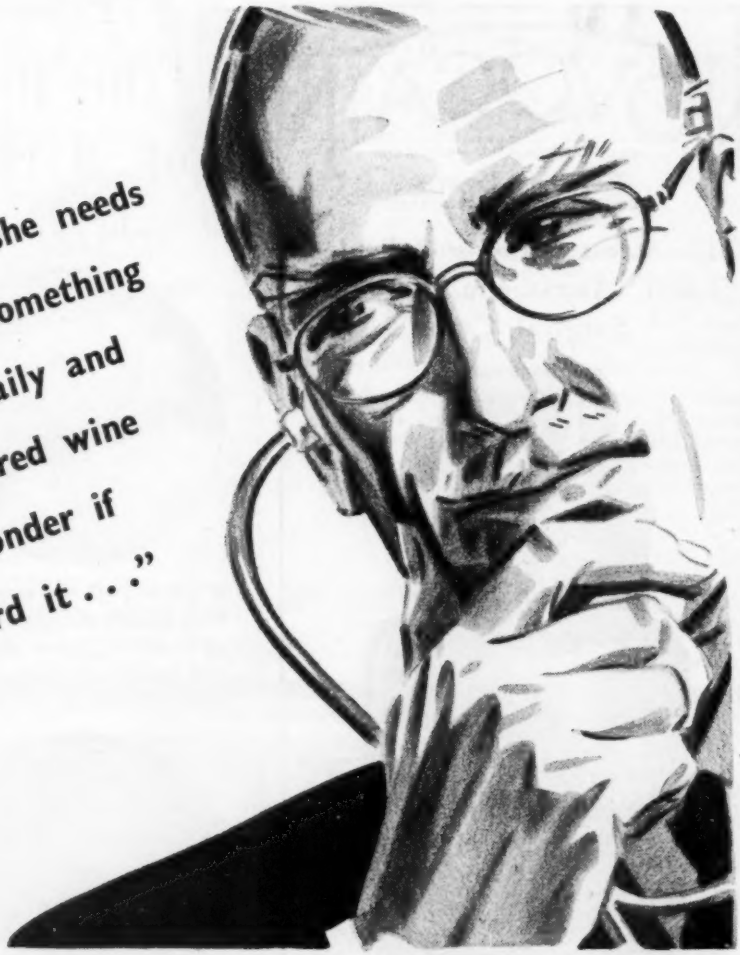

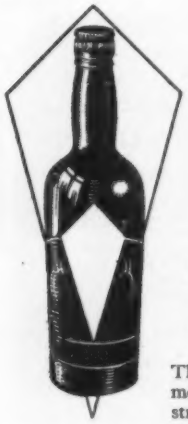

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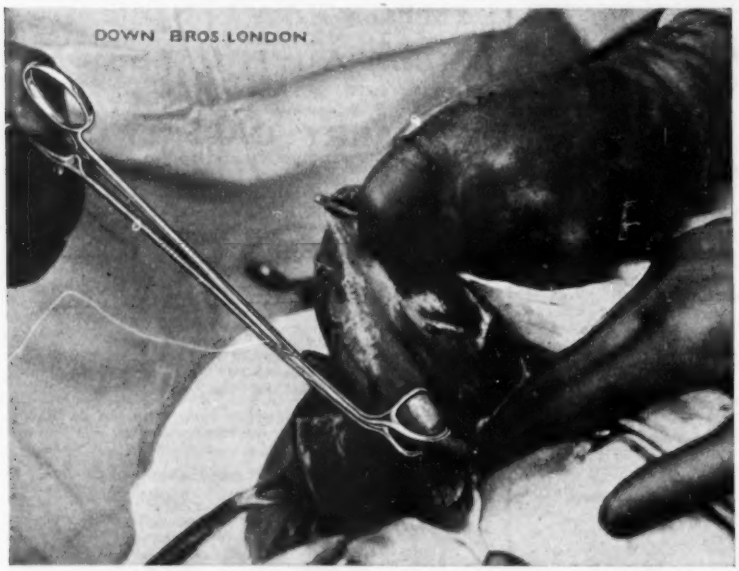

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Vide THE LANCET, *Nov. 12, 1938*

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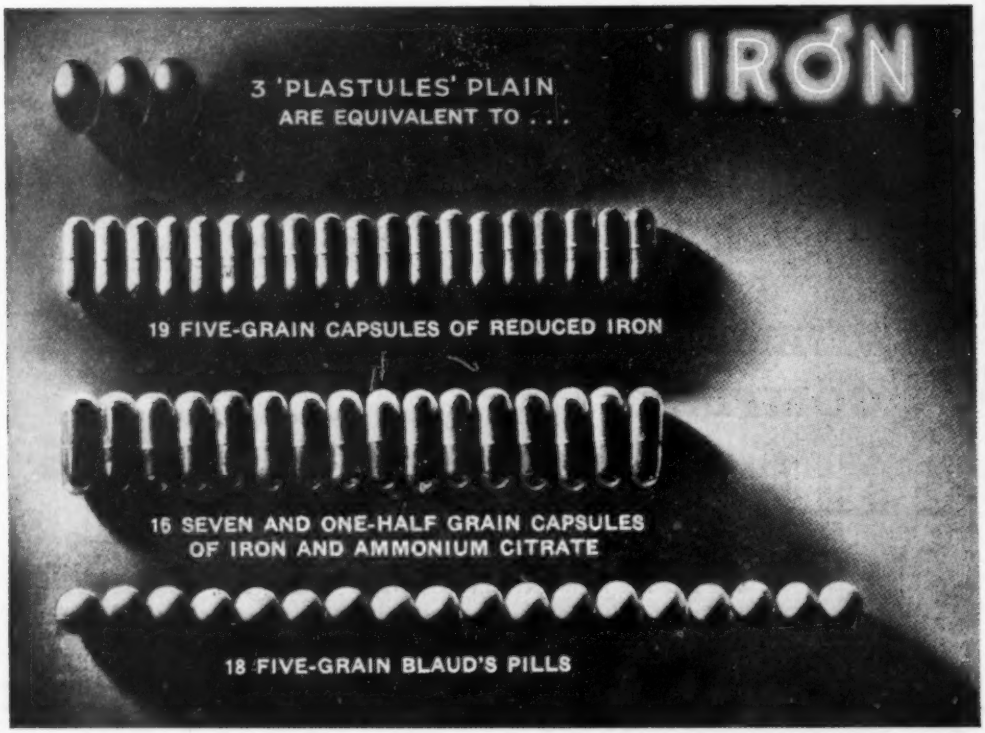

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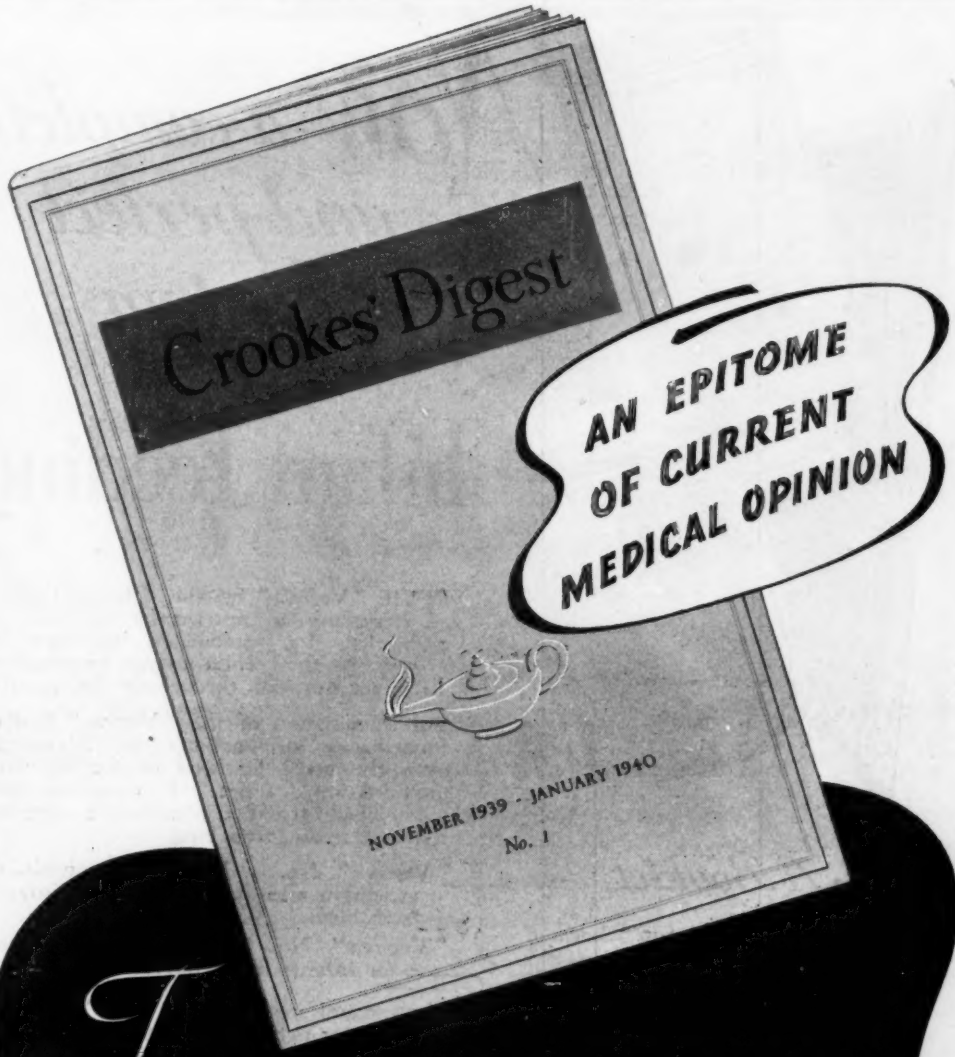

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Vide THE PRESCRIBER, Jan., 1938

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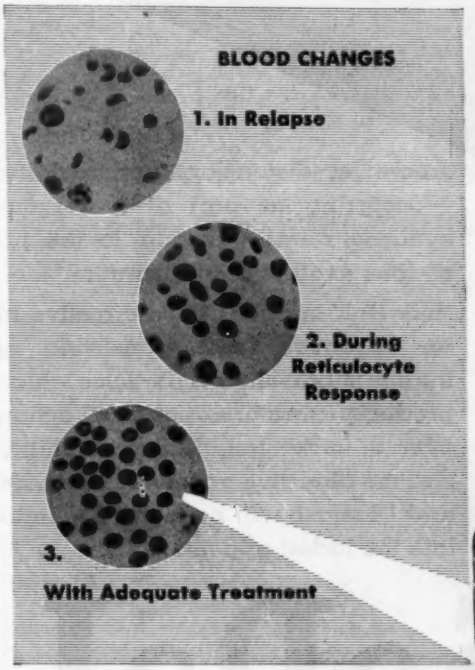

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4	53-104	3·9	5·26
15	105-156	3·2	5·18
2	157-208	3·9	5·21

Reprinted from "The Use of Concentrated Liver Extracts in Pernicious Anæmia" by William P. Murphy, M.D. and Isabel Howard, Jo. A.M.A., January 14, 1939, Vol. 112, pp. 106-110.

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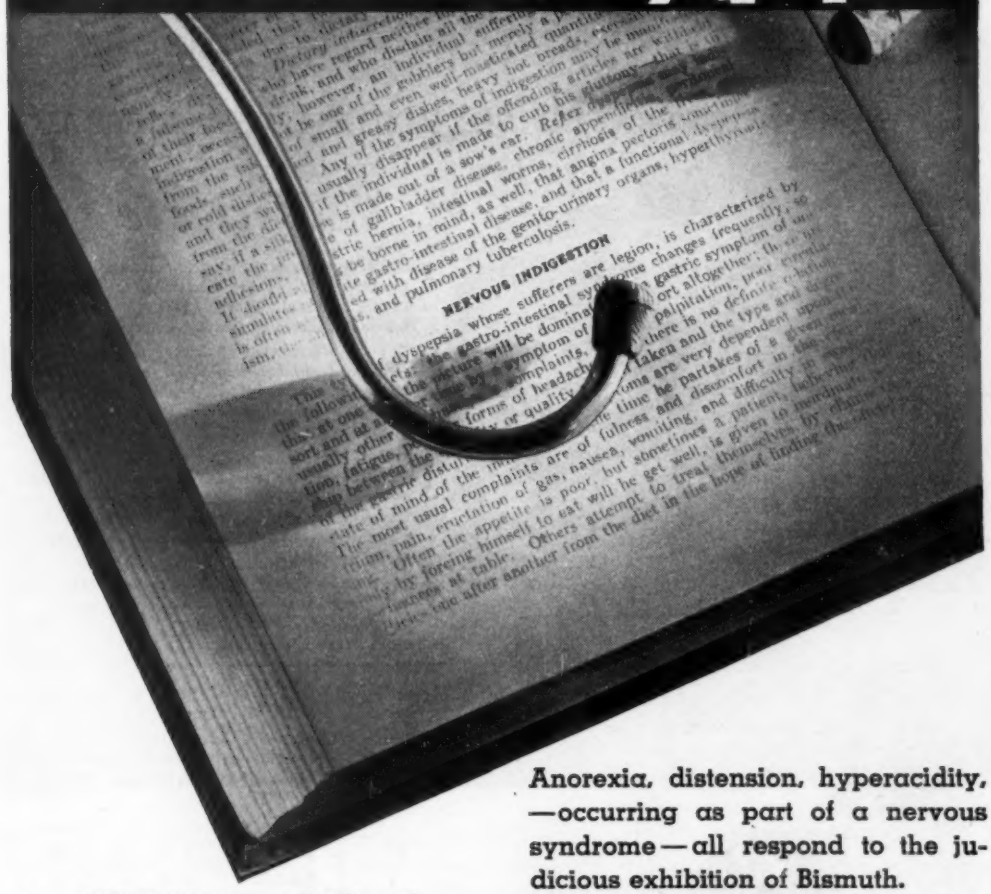

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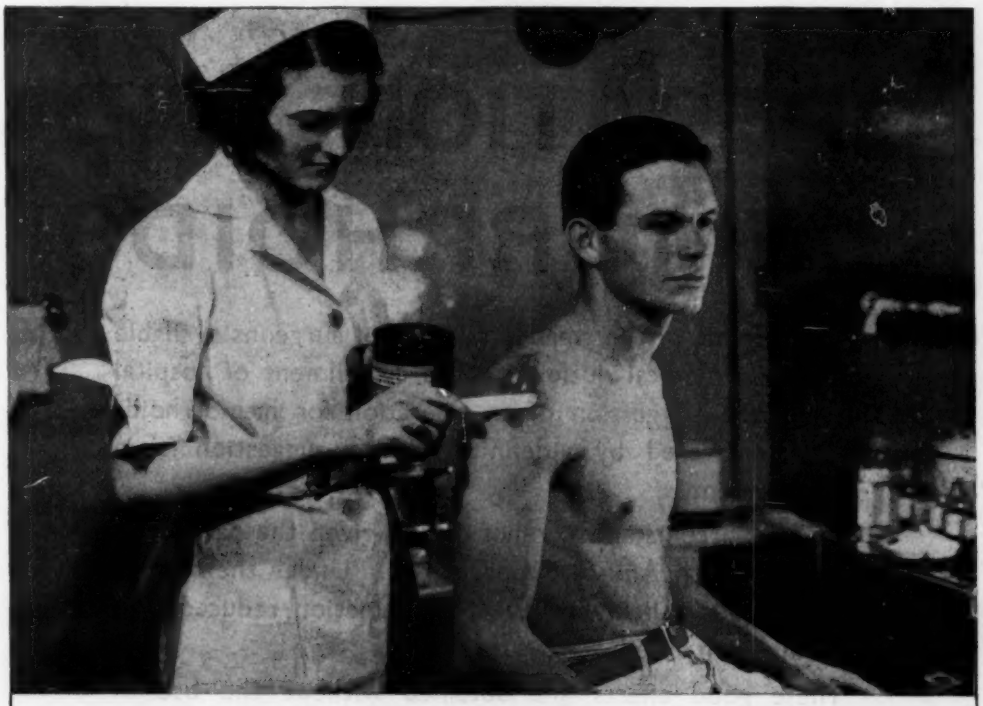

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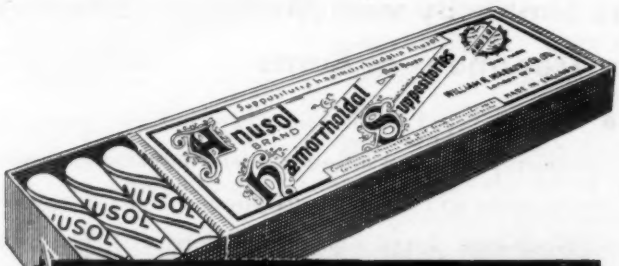

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For Children:
½ to 1 teaspoonful.

For Adults:
1 dessertspoonful.

These doses may be repeated three times a day.

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Each fluid ounce represents:

*Vitamin A .....16,500 International units

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Vitamin B Extract { 75 International units, B_1; 17 Sherman units, B_2 }

Iron and Ammonium Citrate..... 4grs.

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In a palatable base containing Malt Extract.

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Lancet—21

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Vitamin A deficiency results in epithelial disintegration with consequent increased susceptibility to bacterial infection. The first symptoms of a deficiency of Vitamin A, however, are ocular disturbances with reduced ability to differentiate between various objects in diminished light. More marked deficiencies produce complete night blindness.

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BRAND

(with zinc) **SUSPENSION**

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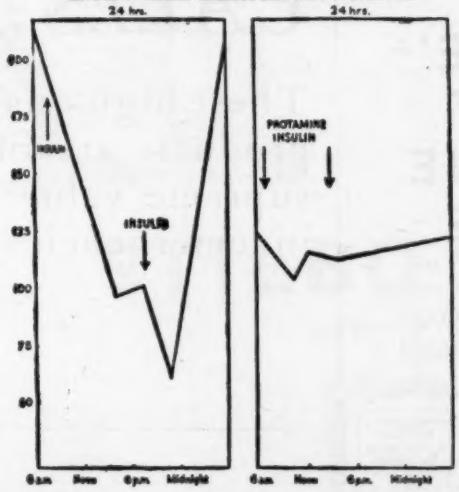

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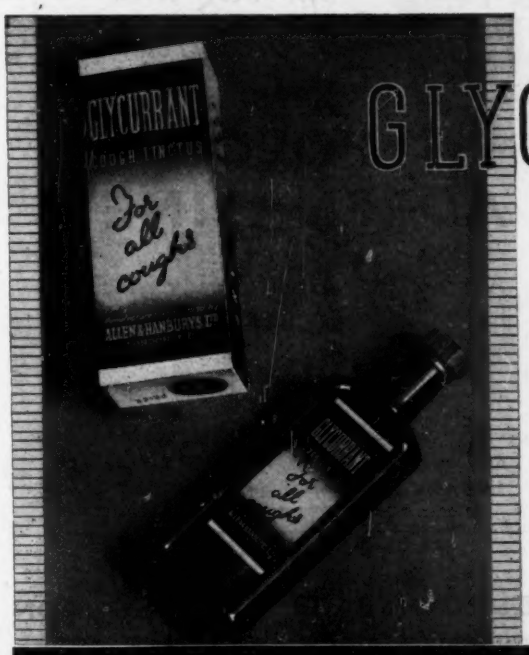

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Solution of Tolu ..	m. 5	Alcohol	.. m. 4
Codeine Phosphate ..	gr. 1/16	Black Currant Juice..	m. 10
Syrup of Wild Cherry..	m. 6	Syrup to	.. 1 fl. dr.

In bottles of 2½ and 5 ozs., at 1/6 and 2/9.

DOSAGE—It is recommended that, for adults, one teaspoonful of Glycurrant Cough Linctus undiluted should be sipped slowly every 3 or 4 hours.

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Perandren Ointment contains 2 mg. per gramme testosterone "Ciba"—the pure synthetically prepared testicular hormone—and is suitable for use in all cases requiring Male Hormone Therapy.

1. *J. Amer. med. Ass.* 1938, **111**, 11. 2. *Lancet*, 1938, **2**, 1284.

* *This ointment contained 50 mg. testosterone per ounce, and was therefore of a lower concentration than Perandren Ointment.*

Perandren Ointment

Tubes of 25 grammes containing 50 mg. testosterone

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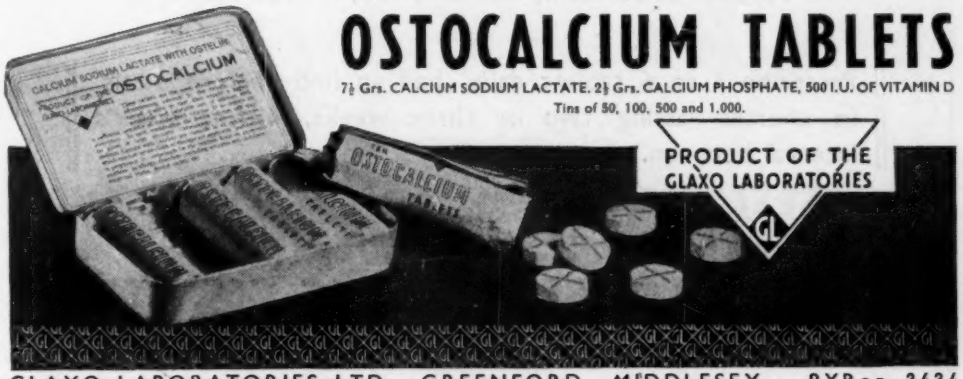

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Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupational therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

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For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

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Telegrams: "Alleviated, London." **Telephones: Rodney 2641 and 2642.**

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THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 on the Cotswold Hills seven miles from Cheltenham, for the Treatment of Pulmonary and all other forms of Tuberculosis. Aspect S.S.W., sheltered from North and East, elevation 800 feet. Pure bracing air, SPECIAL TREATMENT by artificial PNEUMOTHORAX (X-ray controlled). TUBERCULINS, and ULTRA-VIOLET RAYS is available when necessary without extra charge. X-RAY plant, Fully Equipped Dental Department, Electric Light Radiators, hot and cold basins and Wireless in all rooms. Up-to-date drainage. Full day & night Nursing Staff. **Terms: 5 to 7½ Guineas a week inclusive.**

Med. Supt.: GEOFFREY A. HOFFMAN, B.A., M.B., T.C. Dub. *Asst. Phys.:* MARGARET A. HARRISON, M.B., B.S. Lond. *Cons. Laryngologist:* G. N. BARKER, F.R.C.S. Edin., D.L.O. *Cons. Dent. Surgeon:* GEORGE V. SAUNDERS, L.D.S.R.C.S. Lond. *Phone:* 81 & 82 Witcombe. Applv: *The Secretary, The Cotswold Sanatorium, Cranham, Gloucester. Telegrams:* "Hoffman Birdlip"

PRIOR PLACE SANATORIUM

HEATHERSIDE, CAMBERLEY, SURREY.

FOR THE TREATMENT OF PULMONARY TUBERCULOSIS

Well situated on high ground and surrounded by pines and heather.
All rooms are fitted with electric light, wash basins with hot and cold water, and radiators.
X ray plant. Day and night nursing staff.

RESIDENT MEDICAL SUPERINTENDENT: Dr. H. O. BLANFORD, to whom application for admission can be made.

HAYDOCK LODGE,

NEWTON-LE-WILLOWS, LANCASHIRE.

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

NORTHUMBERLAND HOUSE

GREEN LANES,

FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Six acres of ground facing Finsbury Park. Voluntary and Temporary Patients received without certification. Occupational Therapy; Psychotherapy, and other modern forms of treatment. Air-raid Shelters have been provided.
Telephone: Stamford Hill 2688. *Telegrams:* "SUBSIDIARY, LONDON."
Convalescent Home, KEARSNEY COURT, DOVER.
For further particulars apply to the MEDICAL SUPERINTENDENT.

CRICHTON ROYAL, DUMFRIES

For NERVOUS AND MENTAL DISORDERS

Separate Villa for patients suffering from the effects of alcoholism and drug addiction. Every facility for complete investigation and individual treatment on the most modern lines. Fully equipped gymnasium, golf course, and indoor swimming pool. Specially trained occupational and recreational therapists. Private rooms, suites, and special nurses available. As the hospital is well endowed terms are exceptionally moderate, e.g., First Department from 3 guineas per week, Second Department, 2 and 2½ guineas per week. Voluntary and certified patients are received. Medical Certificates given anywhere in the British Isles are valid for admission of patients. *For prospectus, necessary forms, and further information apply to:—*
Physician Superintendent, P. K. McCowan, J.P., M.D., F.R.C.P., D.P.M., Barrister-at-Law. *Tel.* Dumfries 1119.

MALLING PLACE, KENT

For LADIES and GENTLEMEN of Unsound Mind.
Terms moderate. Apply to Resident Medical Superintendent
Telegrams: ADAM WEST MALLING. Telephone No. 2: MALLING.

FENSTANTON, at "FIVE DIAMONDS," Chalfont St. Giles, Bucks.

A Private Home for the Care and Treatment of a limited number of LADIES with Mental and Nervous Disorders. Certified, Voluntary, and Temporary Patients received. Mansion with 12 acres of grounds. (*See Medical Directory*, p. 2312.) Apply Resident Physician. Telephone: Little Chalfont 2046. Station: Chalfont and Latimer.

CITY OF LONDON MENTAL HOSPITAL

Near DARTFORD, KENT.

Ladies and Gentlemen received for treatment under certificates, and without certificates as either VOLUNTARY or TEMPORARY PATIENTS, at a weekly fee of £2 9s., and upwards.

ST. CHRISTOPHER'S NURSERY COLLEGE

TUNBRIDGE WELLS - - KENT

is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
Nervous and delicate infants and children are also accepted and receive individual care and attention. The quiet situation of the College among fields and woods is especially suitable.

Further particulars on application

Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.
Tel. No.: T. W. 595.

HOME FOR EPILEPTICS

MAGHULL (near LIVERPOOL)
FARMING and OPEN AIR OCCUPATION for PATIENTS
A few vacancies in 1st and 2nd Class Houses.
FEES: 1st Class (men only) from £5 5s. per week upwards.
2nd Class (men and women) 32/- per week.
For further particulars apply:
C. EDGAR GRISEWOOD, A.C.A., Secretary
20, Exchange Street East, Liverpool, 2

SPRINGFIELD HOUSE

'Phone: BEDFORD 3417. **Near BEDFORD**
For Mental Cases with or without Certificates.
Ordinary Terms: Five Guineas per week (including Separate Bedrooms for all suitable cases without extra charge).
For forms of admission, &c., apply to the Resident Physician, CEDRIC W. BOWER.
INTERVIEWS IN LONDON BY APPOINTMENT.

BROOKE HOUSE, CLAPTON

A PRIVATE HOME for the treatment of Nervous and Mental Disorders in both sexes. Situated in nine acres of Pleasure Grounds.
Voluntary, Temporary, and Certified Patients received.
For further particulars apply—
Dr. ERNEST ROLLINS, Resident Physician.
Tel.: Amherst 1642.

EPILEPSY

Owing to extensions there are at present a few Vacancies at the

DAVID LEWIS COLONY

For Ladies and Gentlemen who have Epilepsy but are of good intelligence and sound mind.

Colony life gives to most people who have epilepsy the best chance of happiness and contentment.

Apply to the DIRECTOR, THE DAVID LEWIS COLONY, WARFORD, ALDERLEY EDGE.

Littleton Hall, Brentwood, Essex.

(18 miles from London.) 400 feet above sea.

A PRIVATE HOME for LADIES situated in large grounds. Voluntary, temporary, or certified cases received.
Apply to Dr. HAYNES. Tel.: Brentwood 45.

RUSSELLS

Hemel Hempstead Road,

WATFORD

Telephone: WATFORD 5917

A convalescent home for the care and treatment of mild and recoverable nervous conditions in both sexes. The house is situated high up in 40 acres of grounds, 17 miles from London, at the termination of the Watford by-pass. One medical officer is in residence, and two others are in daily attendance. Fees from ten guineas a week, inclusive.

Apply: RESIDENT MEDICAL OFFICER.

EPPING HOUSE

LITTLE BERKHAMSTED, Nr. HERTFORD, HERTS.

An attractive and comfortable PRIVATE HOME. Beautifully situated in its own grounds, 400 feet above sea level. Exceptionally healthy air and position affords every facility for convalescence. Foam Baths, Billiards, Squash Racquets, Lawn Tennis, Croquet, Bowls, Farm Produce, &c.

Treatment for Ladies and Gentlemen suffering from Insomnia, Functional Nervous Disorders, Alcohol and Drug Habits, Chronic Heart and Kidney Diseases, also Convalescing Cases.

Telephone: Essenden 212. *Apply,* J. C. BAKER, M.B.

HEIGHAM HALL, NORWICH

A PRIVATE MENTAL HOME situated in 14 acres of well-wooded grounds. For Ladies and Gentlemen suffering from Nervous or Mental Illness. Voluntary Patients, Temporary Patients, and Patients under Certificates are admitted for Treatment. Fees: from 4 guineas a week upwards, according to requirements. A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician.

Apply to Dr. J. A. SMALL
Telephone: 80 Norwich. Telegrams: Small, 80 Norwich

BARNWOOD HOUSE, GLOUCESTER.

A REGISTERED HOSPITAL FOR THE CARE AND TREATMENT OF LADIES AND GENTLEMEN SUFFERING FROM NERVOUS AND MENTAL DISORDERS.

Within two miles of the G.W. and L.M & S. Railway Stations at Gloucester, the Hospital is easily accessible by rail from London and all other parts of the United Kingdom. It is beautifully situated at the foot of the Cotswold Hills, and stands in its own grounds of over 300 acres Voluntary Patients of both sexes also are received for treatment. Special accommodation is also provided at five villa residences, all of which stand in their own grounds and are entirely separate from the main Hospital.

For particulars as to terms, &c., apply to G. W. T. H. FLEMING, M.R.C.S., L.R.C.P., D.P.M., Physician Superintendent.
Telephone: No. 6207 Gloucester.

CHISWICK HOUSE,

PINNER, MIDDLESEX.

Telephone: PINNER 234.

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes.

A modern country house, 12 miles from Marble Arch, in attractive and secluded surroundings. Fees from 10 guineas per week inclusive. Cases under Certificate, Voluntary and Temporary Patients received for treatment.

DOUGLAS MACAULAY, M.D., D.P.M.

ALCOHOLISM

Drug Habits, and Nervous Disorders

25 minutes from London, situated in charming grounds and country, is a "home from home" for those seeking rest and treatment under medical supervision. Fees from 6 guineas. Illustrated brochure on application to the Matron. RESIDENT MEDICAL SUPERINTENDENT, E. G. MORRIS, L.R.C.S.I., L.R.C.P.I.

CHISLEHURST 451

OLD HILL HOUSE

CHISLEHURST, KENT.

THE MARINE SPA

TORQUAY

Under the control of the Corporation of Torquay

is adequately equipped for the administration of the various forms of Spa treatment approved by Medical Hydrologists.

Certificated Assistants with C.S.M.M.G. and Bio-Physical qualifications retained upon the Staff.

All sections of the Establishment are open as usual.

The majority of the treatments are only given upon the prescription of a qualified medical practitioner.

The climate of Torquay is equable and suitable for Winter treatment and residence. There is extensive accommodation from the luxury Hotel to the smaller Establishment and seasonal entertainment facilities continue as usual.

Illustrated Brochure and further information from:

H. BERKELEY HOLLYER, *General Manager*

27, The Marine Spa, TORQUAY

Phone 2172

(Formerly General Manager, The Brine Baths, Droitwich Spa)

THE PARK HOSPITAL

FOR

FUNCTIONAL NERVOUS DISORDERS

Old Road, Headington, Oxford

The above Hospital of 26 beds for patients of both sexes has recently been opened for the active treatment of neuroses, psychoneuroses and allied disorders. Full facilities for special investigations are available.

The Hospital, which has extensive grounds, occupies a quiet and healthy situation on the outskirts of Oxford.

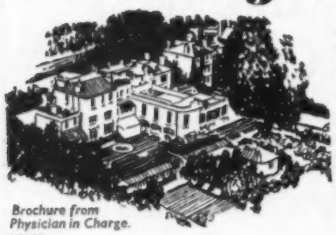
Fees are from
Four Guineas per week

Applications for admission should be made to—

Medical Director:
R. G. McINNES, M.R.C.P.E., D.Psych.

Telephone 6599 Oxford

Sunnyside



Delightfully situated at the foot of the South Downs (Safe Area). Specially caters for patients convalescent or requiring a restful holiday combined with facilities for treatment by Massage, Foam and other baths, Electrical (including ultra-short wave diathermy) and other physical methods. Electric lift. Medical Practitioners cordially invited to visit

Brochure from Physician in Charge.

Restorium

HASSOCKS - - SUSSEX 'Phone 103

(in association with fully licensed Downs Hotel)

Swedish Institute Physiotherapy

CLINIC, 108, Cromwell-road, S.W.7.
Tel.: WES 1010.

Fully equipped with Light, Electrical, Diathermy, and Short-wave Apparatus, and having a qualified and experienced staff of chartered masseuses. Doctors and specialists can prescribe treatments under their own direction.

Middlesex County Council.

NORTH MIDDLESEX COUNTY HOSPITAL
Silver-street, Edmonton, N.18.

Applications are invited from registered Medical Practitioners for the following posts at the above hospital.

OBSTETRIC HOUSE SURGEON (Resident). Salary, £100 per annum, with board, lodging, and laundry Appointment is for six months. Whole-time duties, under Medical Superintendent. The hospital, which has 1300 beds and 17,000 admissions yearly, is approved for R.C.O.G. purposes. There are nearly 2000 deliveries per annum, largely complicated cases, in the obstetric department and there are 60 gynæcological beds.

ASSISTANT MEDICAL OFFICER for Casualty and Receiving Room duties. Should have considerable all-round experience, and have held posts of House Physician and House Surgeon. Salary £350 per annum, with board, lodging, and laundry. (If non-resident an allowance of £100 per annum in lieu of residential emoluments.) Appointment, subject to medical examination, is for six months in the first instance, and may be extended for a further six months. It is terminable by one month's notice. Whole-time duties under Medical Superintendent. Opportunity for major surgery. Hours 10 A.M. to 6 P.M. daily, with Saturday afternoons and Sundays free.

Applications for both the above positions to the undersigned, together with copies of not more than three recent testimonials, by 30th December, 1939. Relationship to any member or officer of the Council to be disclosed in application. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE "B.3," Clerk of the County Council.
Guildhall, S.W.1.

Chelsea Hospital for Women,

Dovehouse-street, S.W.3.

Applications are invited for the post of SURGEON to the hospital. Candidates must hold the Fellowship of one of the Colleges of Surgeons of England, Edinburgh, or Ireland, and the Fellowship or Membership of the British College of Obstetricians and Gynæcologists.

The Senior Surgeon to Out-patients is a candidate for the post, and should he be elected there will be a vacancy for a Surgeon to Out-patients, candidates for which should be qualified as above.

Applications for either or both posts, accompanied by copies of three recent testimonials, should be forwarded to the undersigned not later than Wednesday, 27th December next.

GEO. W. COOLING, Secretary.

Chelsea Hospital for Women,

Dovehouse-street, S.W.3.

TWO HOUSE SURGEONS (MALE).

Applications are invited for the above posts (equal status) as from 1st January, 1940. Salary will be at the rate of £130 per annum, together with board and residence and laundry. These officers will be required to attend to casualties, if necessary, in addition to the routine work of the hospital.

Applications, together with copies of testimonials, should be forwarded to the undersigned on or before Wednesday, 27th December next.

GEO. W. COOLING, Secretary.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
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M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.)..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287 ; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.)..	704

M.D. (various), by Thesis. Many Successes.
D.O.M.S., D.L.O., D.P.M., &c. Many Successes.

MEDICAL PROSPECTUS (47 pages),
sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

Metropolitan Borough of Greenwich.

APPOINTMENT OF TUBERCULOSIS OFFICER FOR THE COUNCIL'S DISPENSARY, AND DEPUTY MEDICAL OFFICER OF HEALTH.

The Council of the above-named borough invites applications from Male registered Medical Practitioners not exceeding forty years of age for the appointment of Tuberculosis Officer for the Council's Dispensary and Deputy Medical Officer of Health.

Candidates must possess the qualifications prescribed by the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930, the Diploma in Public Health, and must also have had experience in X-ray work in connexion with tuberculosis.

The person appointed will have charge of the Tuberculosis Dispensary under the administrative direction and control of the Medical Officer of Health, and will be personally responsible for the diagnosis and treatment of all patients at the Dispensary. He will carry out the duties of Tuberculosis Officer and will visit patients for observation purposes, but not generally for domiciliary treatment. He will be available for consultation with general practitioners, and will act as Medical Officer to the Tuberculosis Handicraft Centre.

He will perform such other duties as may be considered necessary by the Medical Officer of Health.

The inclusive commencing salary will be at the rate of £750 per annum, rising by biennial increments of £50, to a maximum salary of £1,000 per annum.

The successful candidate will be required to devote the whole of his time to the service of the Council, shall not engage in private practice, and shall reside within the Borough.

The appointment will be terminable by three months' notice in writing on either side and will be subject to the provisions of the Council's Superannuation Acts.

Applications must be made on forms to be obtained from the undersigned, accompanied by copies of not more than three recent testimonials, must be sealed up and endorsed "Tuberculosis Officer," and must reach this office not later than 10 A.M. on Wednesday, 27th December, 1939.

Canvassing members of the Council either directly or indirectly will be a disqualification.

D. J. REASON, Town Clerk.
Town Hall, Greenwich, S.E.10, 1st December, 1939.

Weir Hospital, Weir-road, Balham,

S.W.12. (30 Beds.)

JUNIOR RESIDENT MEDICAL OFFICER required (Male, unmarried).

Candidates must be fully qualified and duly registered. Salary £150 per annum, with board, residence, and laundry.

Applications, with copies of testimonials, to be sent to the Secretary, from whom further information may be obtained.

The Elizabeth Garrett Anderson

HOSPITAL, Euston-road, N.W.1.

Applications are invited from fully qualified Medical Women for the following posts:—

Two HOUSE PHYSICIANS.
One RESIDENT ANÆSTHETIST.
One SENIOR HOUSE SURGEON with previous experience.
Three HOUSE SURGEONS.

Salaries will be pooled under the Emergency Medical Services Scheme and allocated according to experience, with a minimum of £100. Candidates appointed may be required to work either at the E.G.A. Hospital or at Oster House Hospital, St. Albans.

Applications should be sent to the Secretary of the E.G.A. Hospital, from whom further particulars may be obtained, not later than Monday, 1st January.

St. Mary's Hospital, W.2.

SENIOR ASSISTANT RADIOLOGIST.
JUNIOR ASSISTANT RADIOLOGIST.

Applications are invited for the above posts. Candidates must be registered Medical Practitioners and must hold a Diploma of Radiology. Honorarium for the Senior Assistant Radiologist £125 per annum. Honorarium for the Junior Assistant Radiologist £75 per annum.

Applications, giving particulars of qualifications and experience, should be sent to the undersigned not later than 30th December, 1939.

The appointment in each case is in the first instance for six months. Copies of regulations may be obtained from the Secretary's Office.

W. PARKES, House Governor.

St. John's Hospital, Lewisham, S.E.13.

RESIDENT SURGICAL OFFICER (Male) unmarried, to begin duty January 1st. Must have been qualified for not less than three years and have experience in major surgery. Salary £200 per annum all found, plus panel fees for resident staff.

Applications, with copies of testimonials, to the Secretary-Superintendent.

City of Lincoln.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH.

Applications are invited for the appointment of Assistant Medical Officer of Health from Male and Female candidates.

The duties of the post relate mainly to Maternity and Child Welfare.

Salary £500–£25–£700.

Applications must be made on the prescribed form not later than 2nd January, 1940.

Forms of application and further particulars of appointment may be obtained from the Medical Officer of Health, Beaumont Fee, Lincoln.

G. H. BANWELL, Town Clerk.

Corporation Offices, Lincoln, December, 1939.

Lancashire Mental Hospitals Board.

COUNTY MENTAL HOSPITAL, RAINHILL, Nr. LIVERPOOL.

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT.

Applications are invited for the whole-time appointment of Deputy Medical Superintendent at the above Mental Hospital.

The salary is £800 per annum, rising by annual increments of £50 to a maximum of £900 per annum. An additional £50 per annum will be paid for the possession of a Diploma in Psychological Medicine.

The appointment will be subject to the provisions of the Asylums Officers' Superannuation Act, 1909.

Applicants are required to submit their applications on a form to be obtained from the undersigned, and applications endorsed "Deputy Medical Superintendent, Rainhill" should be sent or delivered to my office so as to arrive not later than 12 NOON on Thursday, the 11th day of January, 1940.

Canvassing, either directly or indirectly, will be a disqualification.

GEORGE ETHERTON, Clerk of the Board.

County Offices, Preston, 12th December, 1939.

Lancashire Mental Hospitals Board.

COUNTY MENTAL HOSPITAL, PRESTWICH, Nr. MANCHESTER.

APPOINTMENT OF MEDICAL SUPERINTENDENT.

Applications are invited for the whole-time appointment of Medical Superintendent of the above Mental Hospital. The salary is £950 per annum, rising by annual increments of £100 to a maximum salary of £1350 per annum, together with emoluments for pension purposes valued at £150 per annum.

The appointment will be subject to the provisions of the Asylums Officers' Superannuation Act, 1909.

Applicants are required to submit their applications on a form to be obtained from the undersigned, and applications endorsed "Medical Superintendent, Prestwich" should be sent or delivered to my office so as to arrive not later than 12 NOON on Friday, the 12th day of January, 1940.

Canvassing, either directly or indirectly, will be a disqualification.

GEORGE ETHERTON, Clerk of the Board.

County Offices, Preston, 12th December, 1939.

Lincoln County Hospital.

Wanted, SENIOR HOUSE SURGEON, Male, unmarried. Salary at the rate of £250 per annum, rising to £300 per annum at the conclusion of six months' approved service. Board, residence, and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts.

Applications, stating age and other particulars, with copies of not more than three testimonials, are to be sent to the undersigned, from whom further particulars may be obtained.

ARTHUR MOORE, Secretary-Superintendent.

Lincoln, 4th December, 1939.

Worthing Hospital.

Applications are invited for the temporary appointment of an ANÆSTHETIST during war-time.

Candidates should forward applications, stating age, nationality, qualifications, and experience, accompanied by testimonials, to the undersigned no later than the 27th December.

A. V. OAKTON, Secretary-Superintendent.

Worthing Hospital.

Applications are invited for the temporary appointment of a GENERAL SURGEON during war-time.

Candidates should forward applications, stating age, nationality, qualifications, and experience, accompanied by testimonials, to the undersigned no later than the 27th December.

A. V. OAKTON, Secretary-Superintendent.

Wrexham and East Denbighshire

WAR MEMORIAL HOSPITAL.
(159 Beds.)

RESIDENT HOUSE SURGEON (Male or Female). Appointment is for six months commencing January 15th, 1940. Salary £150 per annum, with board and lodging.

Applications, stating age, nationality, experience, and qualifications, to be sent, together with copies of three recent testimonials, to the undersigned immediately.

LESLIE SPENCER, Secretary.

December 8th, 1939.

Royal Victoria Hospital, Folkestone.

Applications are invited for the post of JUNIOR RESIDENT HOUSE SURGEON, to share duties with Senior House Surgeon. Duties to commence 1st January, 1940. Salary £130 per annum.

Applications, with copies of not more than three recent testimonials, should be sent to the undersigned not later than the 20th December, 1939.

W. GEORGE SPENCER, Secretary-Superintendent.

5th December, 1939.

Birmingham Maternity Hospital.

HOUSE SURGEON (Man or Woman) wanted for nine months from 1st February, 1940 (three months in hospital, three months on district, and three months in hospital). Salary to be at the rate of £75 per annum.

Applications, with full particulars and copies of testimonials, to be sent not later than 30th December to HUGH C. ASTON, 45, Newhall-street, Birmingham 3.

Derbyshire Royal Infirmary, Derby.

(General Hospital. 416 Beds.)

Recognised under F.R.C.S. Regulations.

Applications are invited for the post of RESIDENT ANÆSTHETIST.

Candidates must be qualified and registered under the Medical Acts and unmarried.

Salary will be £150 per annum, with apartments, board, &c.

Applications, with copies of testimonials, to be sent immediately to the undersigned.

Duties to commence 1st January, 1940.

ARTHUR TAYLOR, Superintendent and Secretary.

11th December, 1939.

Royal Cornwall Infirmary, Truro.

HON. EAR, NOSE AND THROAT SURGEON.

Will any Ear, Nose and Throat Surgeon, whether in practice or retired, who is interested in taking a hospital appointment with private practice attached, for a period of one year, pending the recovery from illness of the present holder of the appointment, please communicate with the Honorary Secretary, Honorary Medical Staff.

Royal Hospital, Richmond, Surrey.

Applications invited for the following vacancy:—
SENIOR HOUSE SURGEON (Male).

£150–£200 per annum.

Appointment to take effect immediately. Board, furnished apartments, and laundry.

Candidates must be fully qualified, registered, and single.

Form of application can be obtained from the undersigned.

M. E. WRIGHT, Acting Secretary.

Department of Clinical Investigations

AND RESEARCH.

MANCHESTER ROYAL INFIRMARY.

Applications are invited for the full-time post of CHIEF MEDICAL ASSISTANT (Male) in this Department.

His duties will be to assist in the Departmental Research work and clinics, and to carry out research work under the Director's supervision.

The appointment will be made for twelve months at a salary of £350 per annum.

Applications with three references should be made to the Director, Department of Clinical Investigations and Research, Manchester Royal Infirmary, immediately.

The Jessop Hospital for Women,
SHEFFIELD.

The Board of Management invite applications for the post of HOUSE SURGEON for a period of six months, commencing 1st January, 1940.

Salary £100 per annum, together with board, residence, and laundry.

Applications, stating age, together with copies of testimonials, should be addressed to the undersigned at once.

DAVID OSWALD, Superintendent and Secretary.

Royal Lancaster Infirmary, Lancaster.
(140 Beds. 4 Residents.)

Applications are invited for the post of JUNIOR HOUSE SURGEON (mainly Obstetrics, Gynæcology, and Medicine). Salary £130 per annum, with board, residence, and laundry. The appointment is for six months from 1st February, 1940. The posts of First and Second House Surgeon are recognised for the Surgical practice required for the F.R.C.S. Examination, and the applicant appointed will be eligible to apply for one of these posts at the first vacancy.

Applications, stating age, qualifications, experience, and nationality, together with copies of three recent testimonials, to be sent to the undersigned not later than Friday, 5th January, 1940.

FRANK A. MILNES, Superintendent-Secretary.

Royal United Hospital, Bath.

RESIDENT APPOINTMENTS.

Applications are invited for the following appointments which become vacant on the 1st January, 1940:—

HOUSE SURGEON (general surgery and fractures).
HOUSE SURGEON (general surgery and ear, nose, and throat).
Two HOUSE PHYSICIANS (general medicine and casualty).
HOUSE SURGEON (gynæcology, obstetrics, and anæsthetics).

Salaries at the rate of £150 per annum, with board, residence, and laundry.

Applications (clearly indicating the post desired), stating age, qualifications, and experience, together with a copy of three testimonials, to be addressed to the undersigned by 20th December, 1939.

J. LAWRENCE MEARS, Secretary-Superintendent.

1st December, 1939.

The Gloucestershire Royal Infirmary
AND EYE INSTITUTION, GLOUCESTER.
(232 Beds. 6 Residents.)

Applications are invited for the post of HOUSE SURGEON (Male). Salary at the rate of £150 per annum, with board, residence, and laundry.

The appointment is for six months, which may be extended for similar periods by re-election from time to time.

Applicants must have held a resident appointment and have had experience in the administration of anæsthetics.

Applications, stating age, qualifications, experience, and nationality, with copies of not less than three recent testimonials, should be sent to the undersigned not later than Wednesday, the 20th December, 1939.

The elected candidate will be required to enter upon his duties on the 1st January next.

F. J. SYMONS, Secretary.

30th November, 1939.

Ancoats Hospital, Manchester, 4.

CASUALTY OFFICER required, twelve months' appointment. Salary £150 per annum, with board-residence, laundry, &c. Applicants who have held previous surgical appointments or have passed the Primary Fellowship Examination will be preferred. The successful applicant will do duty for the Resident Surgical Officer on alternate week-ends and at other scheduled times.

CLINICAL ASSISTANT required for the EAR, NOSE, AND THROAT DEPARTMENT for Thursday afternoons from 2 P.M. A fee of 10s. 6d. per Clinic will be paid.

Applications for the above posts, stating age, experience, qualifications, &c., to be forwarded to the undersigned on or before 20th December, together with copies of three recent testimonials.

By Order of the Board.

HERBERT J. DAFFORNE,
General Superintendent and Secretary.

Kelling Sanatorium, Holt, Norfolk.

JUNIOR RESIDENT MEDICAL OFFICER, Male or Female (unmarried), required to commence duties at the above Sanatorium early in January, 1940.

Kelling Sanatorium has been graded by the Ministry of Health as a Group 2 Emergency Hospital for the reception of casualties. Salary £250 per annum for the first twelve months, and £300 per annum for the second twelve months, if reappointed, together with apartments, board, and laundry. Two months' notice on either side.

Candidates must be duly registered Medical Practitioners.

Applications, in candidates' own handwriting, stating age and qualifications (with one copy of three recent testimonials), to be sent to the Medical Superintendent, Kelling Sanatorium, Holt, Norfolk, not later than December 30th, 1939.

County Council of Durham.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

The County Health Committee invite applications for the appointment of a Deputy County Medical Officer of Health at a salary of £960 per annum. Reasonable travelling and out-of-pocket expenses will be paid by the County Council.

Applicants must be duly registered Medical Practitioners holding a degree or diploma in Public Health, and the gentleman appointed will be required to devote the whole of his time to the duties of the office and to reside in the City of Durham or other approved centre.

The appointment will be subject to the regulations for the time being of the County Council relative to the payment of salary in the case of sickness, and will be terminable by three calendar months' notice on either side.

He will be expected to undertake any duties required of him by the Council bearing on the health and medical services of the County, and will act under the administrative control of, and be responsible to, the County Medical Officer of Health for his duties.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate will be required to pass a medical examination as required by the Council for the purposes of the Act, and the statutory contributions to the Superannuation Fund under that Act will be deducted from the salary.

Applications, marked "Deputy County Medical Officer of Health," together with copies of not more than three recent testimonials, must be sent to the County Medical Officer of Health, Shire Hall, Durham, not later than Saturday, 23rd December, 1939.

J. K. HOPE, Clerk of the County Council.

Shire Hall, Durham, 4th December, 1939.

City of Birmingham.

MATERNITY AND CHILD WELFARE DEPARTMENT.

A TEMPORARY WOMAN MEDICAL OFFICER is required from January 1st, 1940, for a period of at least six months. The work includes attendance at ante-natal and children's clinics.

Applicants should have had considerable experience in work with mothers and children, including a six months' resident post in a maternity hospital and in a children's hospital. The salary offered is £10 per week.

The person appointed cannot terminate her appointment within the period named, except for health reasons.

Applications, endorsed "Temporary Medical Officer for Maternity and Child Welfare," and accompanied by copies of three recent testimonials, to be made on a form obtainable from the Medical Officer of Health, Council House, Birmingham, 3, and returned to him on or before 20th December, 1939.

York County Hospital.
(204 Beds.)

Applications are invited for the post of HOUSE SURGEON. Salary £150 per annum, with board, residence, and laundry.

Applications, stating age and previous experience, together with copies of not more than three recent testimonials, to be sent to the undersigned not later than 9 A.M. on Tuesday, 19th December, 1939.

J. R. MACKRILL, Secretary.

Hull Royal Infirmary.

Applications are invited for the post of CASUALTY OFFICER (Male). Salary £150 per annum, plus board, residence, and laundry.

The appointment will be for a period of six months, but will be determinable at any time by one month's notice on either side.

Applications, giving particulars of age, experience, and nationality, together with copies of testimonials, should be addressed to the undersigned.

R. J. CARLESS, House Governor.

Caernarvonshire and Anglesey
INFIRMARY, BANGOR. (General Hospital.)

A SENIOR and a JUNIOR HOUSE SURGEON (Males) wanted immediately. Salaries £170 and £120 per annum respectively, with residence, board, and laundry.

Applications, stating age, qualifications, and nationality, with two testimonials, should reach the Secretary at once. Good opportunity for medical and surgical experience.

City Hospital, Chester.

Applications are invited for two vacancies at the above general hospital (200 Beds).

SENIOR RESIDENT MEDICAL OFFICER (Male or Female) at a salary of £350, rising by annual increments of £25 to £450, plus full residential emoluments. This is a temporary appointment for the duration of the war and is subject to one month's notice on either side.

JUNIOR RESIDENT MEDICAL OFFICER (Male) at a salary of £150 per annum, plus full residential emoluments. This appointment is for six months, terminable on either side at a month's notice.

Applications for these posts, together with copies of three recent testimonials, should be sent to the Medical Officer of Health, Town Hall, Chester, on or before Thursday, 21st December.

Chester. G. BURKINSHAW, Town Clerk.

City and County of Bristol.

ASSISTANT MEDICAL OFFICER OF HEALTH.

The Council invite applications for a Whole-time Assistant Medical Officer of Health for maternity and child welfare and school medical work. Age not exceeding forty years.

Salary £500, rising by annual increments of £50 to £700 per annum.

The appointment will be subject to the provisions of the Local Government and Other Officers' Superannuation Act, 1936. The Diploma of Public Health is essential. Particulars of the duties of the post may be obtained from the undersigned.

Applications, on forms to be obtained from the Medical Officer of Health, 40, Prince-street, Bristol, 1, accompanied by not more than three recent testimonials, must be received by him not later than the 23rd December, 1939. Envelopes should be endorsed "Assistant Medical Officer of Health."

Canvassing will disqualify.

JOSIAH GREEN, Town Clerk.

Council House, Bristol, 1, December, 1939.

The Kidderminster and District

GENERAL HOSPITAL.
(145 Beds.)

Applications are invited for the post of SENIOR HOUSE SURGEON. Duties will commence on 11th January, 1940, and cease on 30th April, 1940. The salary will be at the rate of £150 per annum, with the usual residential allowances.

Applications, giving full details, should be sent at once to the undersigned.

C. M. SMITH, House Governor and Secretary.

Kent Education Committee.

ASSISTANT SCHOOL MEDICAL OFFICER.

The Committee invite applications from registered Medical Practitioners not more than forty years of age for appointment as Assistant School Medical Officer.

The appointment is whole time and will commence as soon as possible. It will be temporary in the first instance and terminable at one month's notice.

Salary £12 a week, with travelling and subsistence allowances.

Applications, stating age and full qualifications, with copies of three recent testimonials, must reach the undersigned by 23rd December, 1939.

No official form of application will be issued. Canvassing will disqualify.

CONSTANT PONDER, M.D., School Medical Officer.

County Hall, Maidstone.

Manchester Victoria Memorial Jewish

HOSPITAL, CHEETHAM.
(Non-Sectarian. 102 Beds.)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male). Salary £200 per annum. Appointment for twelve months and includes board, residence, and laundry.

Applications, stating age and qualifications, together with copies of three recent testimonials, to be forwarded to the undersigned not later than Thursday, 28th December.

D. ROBERTS, Superintendent and Secretary.

City of Wakefield.

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER (MALE).

Applications are invited from registered Medical Practitioners for the post of Junior Assistant Medical Officer in the Public Health Department at a salary of £500 per annum, rising by annual increments of £25 to £700 per annum. Preference will be given to candidates possessing the Diploma in Public Health. Duties will be chiefly in connection with the School Medical and Maternity and Child Welfare Services.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and to the successful candidate passing a medical examination.

Applications must be made on forms to be obtained from the Medical Officer of Health, Town Hall Chambers, Wakefield, from whom further particulars may be had.

Applications, together with copies of three recent testimonials, to be received by the undersigned not later than first post on Monday, the 1st January, 1940.

T. NICHOLAS GRIMSHAW, Town Clerk.

Town Hall, Wakefield, December, 1939.

Borough of Erith.

OPHTHALMIC SURGEON FOR SCHOOL MEDICAL SERVICE.

Applications are invited from duly qualified and registered Medical Practitioners for the above appointment whilst the present Ophthalmic Surgeon is on Military Service. In the first instance the number of sessions will be one per month, and the fee payable is £2 12s. 6d. per session.

If any further information is desired it may be obtained from Dr. A. W. Johns, Council Offices, Erith, to whom applications in envelopes marked "Ophthalmic Surgeon" must be sent, to reach him not later than 12 NOON on Wednesday, the 3rd January, 1940.

Canvassing, either directly or indirectly, will disqualify.

DOUGLAS S. TWIGG, Town Clerk.

Town Clerk's Office, Erith, Kent, 5th December, 1939.

The Royal Eastern Counties' Institution

FOR THE MENTALLY DEFECTIVE, COLCHESTER.

ASSISTANT MEDICAL OFFICER (MALE).

Applications are invited for the above post from Male Medical Practitioners, prepared to live in, to commence duty end of January. Total Beds over 1800.

The medical man appointed will be stationed at the new extension, Turner Village. Commencing salary has been fixed at £400 per annum, together with furnished apartments, board, laundry, and attendance. No deductions. Previous specialisation in Mental Deficiency is not essential.

A Research Department, with new Laboratories, with a Medical Director and other Staff, working under the Medical Research Council, and the Rockefeller Foundation, is attached to the Institution, and there is every facility for laboratory work.

Apply, giving age, nationality, full details of qualifications, and copies of testimonials, to the Medical Superintendent, Royal Institution, Colchester.

Royal Victoria Infirmary, Newcastle

UPON TYNE.

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the LEAZES HOSPITAL (Pay-bed Section of the Royal Victoria Infirmary).

Candidates must be registered in Medicine and in Surgery.

The term of appointment is for one year, beginning 1st February, 1940, and is renewable for a further period.

Salary £200 per annum, with board and residence.

Applications, stating age, experience, and accompanied by copies of not more than three recent testimonials, must be received on or before Wednesday, 27th December, 1939, by the undersigned, from whom further particulars may be obtained.

S. DUNSTAN, House Governor and Secretary.

7th December, 1939.

Royal Victoria Infirmary, Newcastle

UPON TYNE. (835 Beds.)

RESIDENT APPOINTMENTS.

The following Resident Appointments will become vacant as from Thursday, 1st February, 1940.

The appointments are tenable for six months except the Skin Department and the Out-patient Dressing Department (Junior House Surgeon to Accident Room) which will alternate for three months.

Four HOUSE PHYSICIANS,
Six HOUSE SURGEONS,
One HOUSE SURGEON to THROAT, NOSE AND EAR DEPARTMENT,
One HOUSE SURGEON to OPHTHALMIC DEPARTMENT,
One HOUSE SURGEON to GYNÆCOLOGICAL DEPARTMENT,
Three HOUSE SURGEONS to ORTHOPÆDIC DEPARTMENT,
Two HOUSE SURGEONS to ACCIDENT ROOM,
One HOUSE SURGEON to SKIN DEPARTMENT,
Two ANÆSTHETISTS.

LEAZES HOSPITAL (Pay-bed Section).

Two HOUSE SURGEONS (may be eligible for reappointment).

Candidates must be registered in Medicine and in Surgery, and must produce evidence of being able to administer anæsthetics.

Candidates must be prepared to take any appointment.

As regards applications for the appointment of (*a*) House Surgeon to Accident Room, and (*b*) House Surgeons to Special Departments, preference may be given to candidates who have previously held two Resident appointments.

Residents are remunerated at the rate of £50 per annum, except the Residents in the Leazes Hospital who receive £100 per annum, and the Anæsthetists who receive £200 per annum.

Before making application, intending candidates are asked to apply to the undermentioned for a copy of the regulations governing the appointments, and form of application.

Applications, stating age, experience, and qualifications, and accompanied by copies of not more than three testimonials, should be received by the undermentioned not later than first post on Wednesday, 27th December, 1939.

S. DUNSTAN, House Governor and Secretary.

7th December, 1939.

County Borough of Bury.

CIVIL DEFENCE SERVICES in the PUBLIC HEALTH DEPARTMENT.

Applications are invited from fully qualified registered Medical Men for the full-time appointment of a temporary ASSISTANT MEDICAL OFFICER OF HEALTH (part time) in connection with the Council's scheme for Air-raid Precautions and with the work in the Public Health Department.

The officer appointed will assist the Medical Officer of Health in the control and administration of the Civil Defence Medical Services and in work at the Public Health Clinic.

The salary will be at the rate of £550 per annum and the appointment will be reviewed annually and terminable by three months' notice on either side.

There is no form of application but applicants must state fully their experience in control and administrative work and in general medicine.

Applications should be forwarded, together with copies of three recent testimonials, to the undersigned not later than 28th December, 1939.

RICHARD MOORE, Town Clerk.

Municipal Offices, Bank-street, Bury, 7th December, 1939.

The London Chest Hospital,

Victoria Park, E.2.
('Bus, Tram, and Rail, Cambridge Heath, L. & N.E. Railway.)

A vacancy for a HOUSE PHYSICIAN (Male) will occur on February 1st. Six months' appointment. Salary at the rate of £100 per annum. Board, residence, and laundry provided.

Applications, with copies of three testimonials, should be sent to the Secretary on or before Saturday, 6th January, 1940.

N.B.—Vacancies occur at an interval of two months.

The Duchess of York Hospital for

BABIES, MANCHESTER 19.
(80 Cots.)

Applications are invited for the post of ASSISTANT ANÆSTHETIST to commence 1st January, 1940. Weekly sessions—Mondays at 9 A.M.

Applications to be sent immediately, with copies of testimonials, to—

LOUISE GILLESPIE, Secretary.

Royal Devon and Exeter Hospital,

EXETER.

HOUSE SURGEON (MALE).

Applications are invited for this post, which is now vacant. The appointment is for six months, but candidates are eligible for re-election.

Salary at the rate of £150 per annum, with board, lodging, and washing.

Applications, giving particulars as to age and qualifications, together with copies of three recent testimonials, should be sent to the undersigned immediately.

L. PARKHOUSE, Secretary,
Hospital Emergency Committee.

King George Hospital, Ilford,

Nr. LONDON.

Applications are invited for the posts of Two HOUSE SURGEONS (Male) which will probably be vacant on the 1st January, 1940, upon reorganisation of the E.M.S. Salary at the rate of £100 per annum.

Forms of application may be obtained from the undersigned, to whom they should be returned, duly completed, not later than 23rd December.

G. AUSTIN HEPWORTH, Secretary and Superintendent.

The Royal Hospital, Wolverhampton.

(Incorporated under Charter.)

RESIDENT ANÆSTHETIST, £200 per annum.
HOUSE SURGEON (EAR, THROAT, AND NOSE DEPARTMENT), £100 per annum.

Applications are invited for the above resident posts, duties to commence forthwith.

The Hospital contains 300 Beds, includes the usual special departments, and is recognised by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice.

Candidates must be registered under the Medical Acts and unmarried.

The appointments are for six months. Board, furnished room, and laundry provided. Applications, with copies of testimonials, to be forwarded to the undersigned.

W. H. HARPER, House Governor.

Wolverhampton, December 4th, 1939.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the following posts:—

(a) HOUSE SURGEON, vacant on February 1st, 1940.
(b) HOUSE SURGEON to the SPECIAL DEPARTMENTS, with care of beds for ear, nose, and throat, eye, gynecological and maternity cases, vacant on February 1st, 1940.

Each appointment is tenable for a period of six months, but is terminable at an earlier date by one month's written notice on either side.

The salary of each officer will be at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male) who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, 3rd January, 1940.

J. A. BEARDSALL, Secretary-Superintendent.

Sutton and Cheam Hospital,

SUTTON, SURREY.
(75 Beds (normal), plus 75 emergency.)

Applications are invited immediately for the post of JUNIOR RESIDENT MEDICAL OFFICER (Male). Salary £100 per annum, with residence, board, and laundry. The appointment will be for six months, with the option of applying for the post of Senior Resident Medical Officer at the end of that period.

Applications, giving full particulars as to age and qualifications, together with copies of three recent testimonials, should be sent to the Secretary as soon as possible.

D. L. KING, Secretary.

Manchester Royal Eye Hospital.

JUNIOR HOUSE SURGEON required. Salary £120 per annum, with residence, board, &c.

Applications (with copies of testimonials) endorsed "House Surgeon" to be addressed to the undermentioned.

H. R. NORTH, General Superintendent and Secretary.

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2. WEST OF ENGLAND.—Large Town.—Very old-estab. non-panel working- and middle-class PRACTICE. Receipts past 12 months to 5th April, 1939, stated to be about £775, but these have decreased owing to ill health of the Vendor who has held the practice for 40 years. There is believed to be scope especially for one who will accept panel. Freehold house with 2 reception rooms, 3 bedrooms, 2 attics, bathroom, &c., consulting-room, waiting-room, and dispensary. Premium £800.
3. STAFFS.—Market Town.—Increasing PRACTICE estd. by vendor 12 years ago. Cash receipts for 12 months to 30th September, 1939, stated to be £1225. Panel of about 1300 patients. P.M.S. and Public Assistance produce about £120 p.a. Modern house, specially built, with 2 reception rooms, separate professional accommodation, 4 bedrooms, &c. Large garden. Freehold. Premium £2000.
4. LONDON, S.W.—Better-class residential area.—PRACTICE estd. 100 years and held by vendor for past 8 years. Receipts for 12 months to 1st April, 1939, stated to be £980. Panel about 850 patients. Fees 5s., 7s. 6d., and a few at 10s. 6d. Expenses are low and a car is not essential. Good house with garden, and ample accommodation. Will be rented with agreement to purchase. Premium £1600.
5. SURREY.—Good-class residential area.—Better-class PRACTICE with small panel. Steadily increasing receipts which last year are believed to be over £2000. Well-built modern house with garden and garage. Freehold can be bought, or house will be rented on lease with option to purchase later.
6. EAST LONDON.—Old-estd. sound PRACTICE. Receipts last year are stated to be £3500, including transferable appointments producing about £300 p.a. Panel about 3400 patients. Good house, with ample accommodation, on rental. Offers invited.
7. WESTERN AUSTRALIA.—Well-estd. PRACTICE producing past 12 months at the rate of about £1800 p.a. Vendor retiring. Purchaser would have to be able to do all emergency surgery, and anyone keen on surgery could, it is understood, easily increase the income. Nearest doctor 27 miles away. Modern hospital of 12 beds with good nursing staff. Bungalow type of dwelling-house on rental. Premium £1360 sterling.
8. CARDIGAN.—Old-estd. Country PRACTICE producing last year about £1050. Small panel of 400 patients. Good house with ample accommodation. Freehold £1250, or will be rented at £52 p.a. Premium 2 years' purchase.
9. WILTSHIRE.—Death vacancy.—Old-estd. PRACTICE producing about £750 p.a. Panel 600 patients. Freehold house with 6 bedrooms, &c. This need not be taken over and we understand the Practice is eminently suited to a bachelor who could find rooms. Offers invited.

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ANY assessment of success or failure in medicine which is based on fact rather than on opinion must nearly always be expressed in some numerical form—e.g., when the medical observer reports that he has treated so many cases with a favourable result in such and such a proportion, or the public health worker assesses the attack-rate on a population inoculated against some infection. We have reason to believe that there is now a steadily increasing demand among both clinical and public health workers for some knowledge of the elementary statistical technique, which will enable them to interpret figures or to analyse and test their meaning. The demand for a second edition of Dr. Hill's manual justifies that belief. He has succeeded in demonstrating clearly some of the ways in which investigations can be planned and figures derived from them can be analysed in order to yield fruitful results, choosing examples from medical publications to illustrate both the types of problems with which the medical worker is faced and the kinds of error he is most liable to make. To the present edition further illustrations of medical statistical problems have been added as well as a chapter demonstrating in full the methods of comparing mortality-rates in populations that differ in their age distributions—methods which are applicable in many problems.

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OPINIONS ON FIRST EDITION

BULLETIN OF HYGIENE.—". . . deserves a wide circulation and should do much to increase the number of medical men, clinicians or sanitarians able to use statistical methods intelligently."

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MILTON PROPRIETARY

20% DIVIDEND MAINTAINED

The SIXTEENTH ANNUAL GENERAL MEETING of Milton Proprietary Ltd. was held on 14th December at Winchester House, London, E.C.2.

The Chairman, Mr. H. S. Clough, in the course of his speech, said :—

The profit for the year amounts to £31,123 17s. 7d., showing an improvement over the profit of £29,581 for the previous year. As you are all well aware, the period covered by the Profit and Loss Account for the year to 30th September, 1939, has been one of international political disturbance culminating in war. Under these conditions I think the Company is to be congratulated on the outcome of its trading.

At the time when the question of payment of an interim dividend on the ordinary shares had to be considered, the trading prospects for the year were not sufficiently clear, and having regard to the general political situation at that time, the Board felt that any question of a dividend payment should be left over until the year had run its course. The Board now feel satisfied that the outcome of trading operations, as shown by the Accounts, enables them to recommend an ordinary dividend equal in amount to that distributed in respect of the preceding year.

It is indicated in the Directors' Report that sales for the latter part of the year have shown considerable expansion.

At the last two Annual Meetings I have referred to the competitive conditions with which we were confronted in developing the sales of our principal product.

This year I am able to state, however, that we have begun to feel the effects of the steps which we took last year to deal with the situation.

MILTON NASAL SPRAY.

Last year I mentioned the introduction of a Milton Nasal Spray to facilitate the use of Milton for the relief of catarrh and head colds. The need for this spray and its value in extending the use of Milton have been proved during the past year. Since its introduction little more than a year ago there has been a steady and rapidly increasing demand which shows signs of even further development.

AIR STERILISATION.

For many years our scientific staff have been conducting extensive research in the field of air sterilisation, and as a result of their work and that of several leading bacteriologists with whom they have co-operated, the superiority of Milton as a means of sterilising air effectively and economically has been clearly established.

The staff have also worked in conjunction with other specialists in the development of a suitable apparatus for the production of Milton in a gaseous form for the purpose of air sterilisation. The apparatus will be available shortly, with a specially suitable form of Milton, for the use of hospitals, industrial concerns, and other institutions to whom the prevention of air-borne infection is important, especially during epidemics.

We can in fact claim that, as a direct result of our original initiative in this matter, an important advance has been made in the prevention of disease—one that is now receiving the attention that it deserves from the highest medical authorities and which has applications of special value in time of war, when natural resistance to disease is often lowered and the danger of epidemics is greatly increased.

MILTON DENTURE POWDER.

As I anticipated in my speech last year, Milton Denture Powder has begun to contribute to the profits of the Company and we may expect it to do so in greater measure in the future.

It has now become firmly established with the Dental Profession and the public as an effective and pleasant "immersion" denture cleaner.

ELECTROLYTIC CHEMICAL PRODUCTS, LTD.

I referred last year to the negotiations we were then concluding with Electrolytic Chemical Products, Limited, of which company we have secured effective control. This company markets a "Hypochlorite" antiseptic, made by a special process, which is particularly suitable for veterinary and agricultural use. This product has recently been renamed "Deosan" and is now being introduced to the poultry-keeping and agricultural communities.

We are confident that the therapeutic application of a suitable hypochlorite will prove as successful in this field as it has already in safeguarding the health of human beings. In due course the investment in this company should prove remunerative.

The recently formed subsidiary company, Belle Isle Laboratories Ltd., has for its object the introduction of products for sale primarily through pharmacists.

"RAYFILTA" SUN TAN JELLY.

Rayfilta Sun Tan Jelly, the first product to be marketed by Belle Isle Laboratories, contains a highly effective sun filter. Users of "Rayfilta" are able to enjoy the full benefits of the sun and acquire a healthy natural tan without the risk of painful or harmful consequences.

Unfortunately, conditions during last summer proved to be unfavourable for the introduction of a product of this kind, for as soon as the weather improved international conditions deteriorated and the holiday season ended early owing to the outbreak of war. Despite these adverse conditions "Rayfilta" was well received by both the chemists' trade and the public and there is every reason to believe that, under normal conditions, this product will become a popular and profitable line.

"PANACEL" OINTMENT.

More recently, Panacel Brand Antiseptic Ointment was introduced. It is a greatly improved ointment based on the "hypochlorite" principle and it was produced after considerable research on the part of our scientific staff. Although the introduction of "Panacel" was planned before the outbreak of war, it was not actually introduced to pharmacists and to the public until October.

"Panacel" has been well supported by the trade, despite the difficult conditions now prevailing, and already evidence is being received of public appreciation of its value.

FUTURE PROSPECTS.

It is difficult to speak with complete confidence about the future in any sphere of business activity at the moment, but, as long as present conditions continue, there is no reason to anticipate that the Company's business will be adversely affected. The importance of "hypochlorite" antiseptics was clearly established during the Great War and Milton possesses the advantages of this class of antiseptic, without the usual drawbacks of causticity and lack of stability.

Finally, the Board wish to place on record their appreciation of the efforts of the staff whose loyal support they have continued to receive during the year.

The Retiring Directors, Mr. H. S. Clough and Sir Martin Hall, Bart., were re-elected.

On the proposal of Mr. R. H. Haxell, seconded by Mr. R. S. Barley, the Auditors, Messrs. Peat, Marwick, Mitchell & Co., were re-appointed.

General Sir Norman Macmullen, G.C.B., proposed a vote of thanks to the Board for their great enterprise in difficult times, which was seconded by Mr. R. H. Haxell and carried unanimously.

The Directors' Report and Accounts for the year ended 30th September, 1939, were adopted and a dividend of 20 per cent. on the ordinary shares was declared.

Pure Glucose

IS WIDELY allowed to be one of the most valuable therapeutic agents, largely because it is physiologically acceptable to the organism, and unlike drugs, is devoid of toxicity and throws no strain on the organs of digestion and excretion. Unfortunately, because of its intense sweetness, glucose is not always as readily acceptable to the palate of the patient as it is to his metabolic processes. For this reason we designed our preparation Lucozade, which is a skilfully compounded glucose beverage with an attractive flavour and quite free from the sickliness usually associated with such preparations. We can confidently recommend Lucozade as an ideal agent for the oral administration of glucose.

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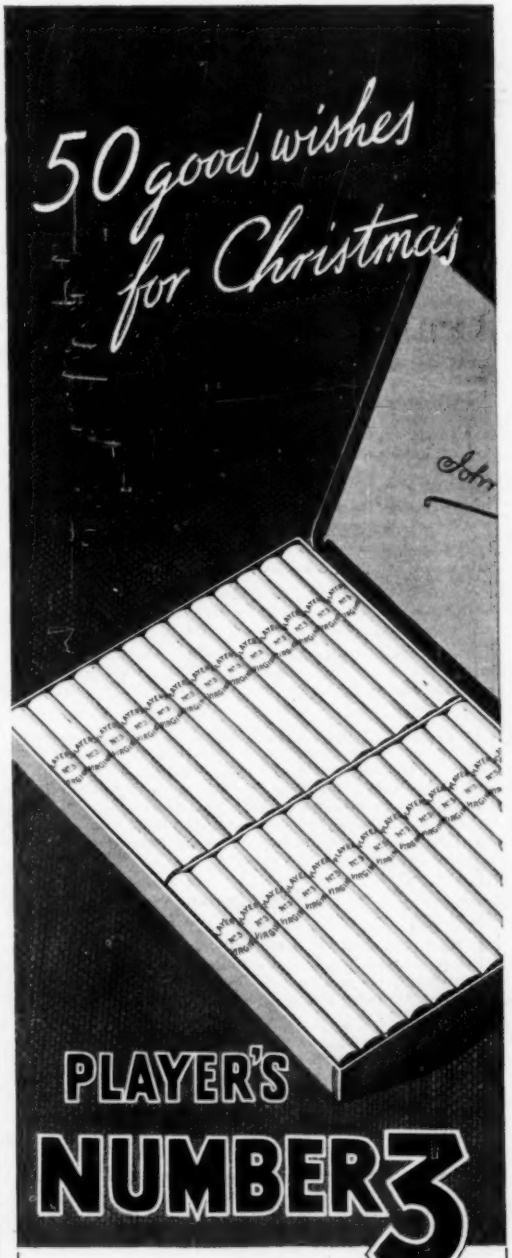

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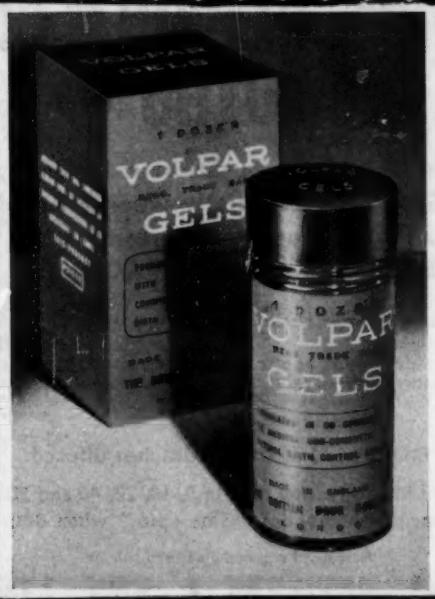

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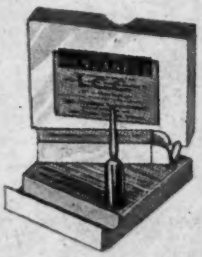

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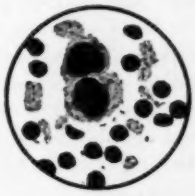

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AND SERUM
(5 units)

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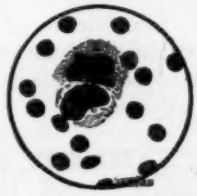

(Based on bone marrow culture studies of Bullowa and Osgood-Jour. Mich. State Med. Soc., July, 1939, Vol. 38, No. 7, p. 583)

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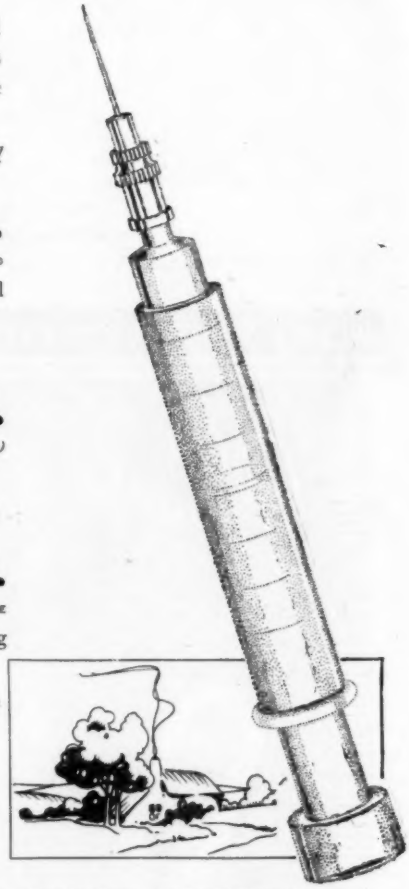

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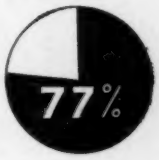

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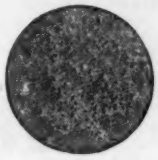

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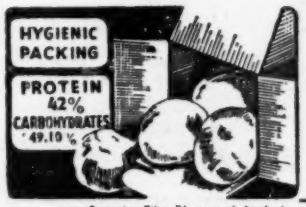

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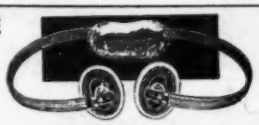

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A High-class Home for the Curative Treatment of Nervous Affections. Voluntary Boarders are also received without certificates.

For full particulars apply to the Misses McLINTOCK or to Dr. S. BARTON, 34, Surrey-street, Norwich, Visiting Physician.

ST. ANDREW'S HOSPITAL

FOR NERVOUS AND MENTAL DISORDERS,

NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY.

PRESIDENT: THE MOST HON. THE MARQUESS OF EXETER, K.G., C.M.G., A.D.C.

MEDICAL SUPERINTENDENT: THOMAS TENNENT, M.D., M.R.C.P., D.P.H., D.P.M.

This Registered Hospital is situated in 130 acres of park and pleasure grounds. Voluntary patients, who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble; temporary patients, and certified patients of both sexes are received for treatment. Careful clinical, bio-chemical, bacteriological, and pathological examinations. Private rooms with special nurses, male or female, in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided.

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance, to which patients can be admitted. It is equipped with all the apparatus for the complete investigation and treatment of Mental and Nervous Disorders by the most modern methods; insulin treatment is available for suitable cases. It contains special departments for hydrotherapy by various methods, including Turkish and Russian baths, the prolonged immersion bath, Vichy Douche, Scotch Douche, Electrical baths, Plombieres treatment, etc. There is an Operating Theatre, a Dental Surgery, an X-Ray Room, an Ultra-violet Apparatus, and a Department for Diathermy and High-frequency treatment. It also contains Laboratories for bio-chemical, bacteriological, and pathological research. Psychotherapeutic treatment is employed when indicated.

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupational therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

BRYN-Y-NEUADD HALL

The seaside house of St. Andrew's Hospital is beautifully situated in a Park of 330 acres, at Llanfairfechan, amidst the finest scenery in North Wales. On the North-West side of the Estate a mile of sea coast forms the boundary. Patients may visit this branch for a short seaside change or for longer periods. The Hospital has its own private bathing house on the seashore. There is trout-fishing in the park.

At all the branches of the Hospital there are cricket grounds, football and hockey grounds, lawn tennis courts (grass and hard courts), croquet grounds, golf courses, and bowling greens. Ladies and gentlemen have their own gardens, and facilities are provided for handicrafts, such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15

Telegrams: "Alleviated, London." Telephones: Rodney 2641 and 2642.

The above House is for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution. Occupational therapy, physical drill, and other forms of modern treatment. There is a seaside branch, Kearsney Court, near Dover, to which patients may be sent for treatment or on holiday. Motor drives are arranged when required. Tennis courts. Entertainments, dances, and indoor amusements held throughout the year. Terms from £3 3s. per week. Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT.

CAMBERWELL HOUSE

Telegrams: "PSYCHOLIA, LONDON." 33, PECKHAM RD., LONDON, S.E.5. Telephone: Rodney 4242 (3 lines.)

For the treatment of MENTAL DISORDERS.

Also completely detached Villas for Mild Cases, with private suites if desired. Voluntary Patients received. Twenty acres of Grounds. Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts, Occupational Therapy, Calisthenics, and Dancing Classes. X-ray and Actino-therapy, Prolonged Immersion Baths, Operating Theatre, Pathological Laboratory, Dental Surgery, and Ophthalmic Department. Chapel. Shock and also modified Insulin Therapy.

Senior Physician: Dr. HUBERT JAMES NORMAN, assisted by a resident Medical Staff, and visiting Consultants.

An Illustrated Prospectus, giving fees which are strictly moderate, may be obtained upon application to the Secretary.

The Convalescent Branch is Hove Villa, Brighton, and is 200 feet above sea level.

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925 on the Cotswold Hills seven miles from Cheltenham, for the Treatment of Pulmonary and all other forms of Tuberculosis. Aspect S.S.W., sheltered from North and East, elevation 800 feet. Pure bracing air, SPECIAL TREATMENT by artificial PNEUMOTHORAX (X-ray controlled). TUBERCULINS, and ULTRA-VIOLET RAYS is available when necessary without extra charge. X-RAY plant, Fully Equipped Dental Department, Electric Light Radiators, hot and cold basins and Wireless in all rooms. Up-to-date drainage. Full day & night Nursing Staff. **Terms: 5 to 7½ Guineas a week inclusive.**

Med. Supt.: GEOFFREY A. HOFFMAN, B.A., M.B., T.C. Dub. *Asst. Phys.:* MARGARET A. HARRISON, M.B., B.S. Lond. *Cons. Laryngologist:* G. N. BARKER, F.R.C.S. Edin., D.L.O. *Cons. Dent. Surgeon:* GEORGE V. SAUNDERS, L.D.S.R.C.S. Lond. *Phone:* 81 & 82 Witcombe. Apply: *The Secretary, The Cotswold Sanatorium, Cranham, Gloucester. Telegrams:* "Hoffman Birdlip"

PRIOR PLACE SANATORIUM

HEATHERSIDE, CAMBERLEY, SURREY.

FOR THE TREATMENT OF PULMONARY TUBERCULOSIS

Well situated on high ground and surrounded by pines and heather.
All rooms are fitted with electric light, wash basins with hot and cold water, and radiators.
X ray plant. Day and night nursing staff.

RESIDENT MEDICAL SUPERINTENDENT: Dr. H. O. BLANFORD, to whom application for admission can be made.

MUNDESLEY SANATORIUM

NORFOLK

Resident Physicians:

S. VERE PEARSON, M.D. (Cantab.), M.R.C.P. (Lond.).
E. C. WYNNE-EDWARDS, M.B. (Cantab.), F.R.C.S. (Edin.).
GEORGE H. DAY, M.D. (Cantab.).

TERMS FROM 7½ GUINEAS WEEKLY

For all information apply.
THE SECRETARY.

Telephone: Mundesley 94 and 95 (2 lines)

THE RESIDENTIAL TREATMENT OF ALCOHOLISM & DRUG ADDICTION

RENDLESHAM HALL (Postal Address), WOODBRIDGE, SUFFOLK

RENDLESHAM HALL, which is open to receive patients, is essentially a Sanatorium. Its daily life and routine are that of an ordinary comfortable holiday or health resort, or of a large country house. Each patient has all the privileges of a guest consistent with the prescribed medical treatment.

Rendlesham Hall has 45 Bedrooms, and about 450 acres of Gardens and Park. It has also a private Nine-hole Golf Course, Tennis and Croquet Lawns, and Bowling Green.

Illustrated Booklet, giving particulars as to terms, etc., can be had on application to

THE RESIDENT MEDICAL SUPERINTENDENT

Telegrams and Telephone: WICKHAM MARKET 216. (Toll Call from London.) *Proprietors:* THE NORWOOD SANATORIUM, LIMITED.

RUTHIN CASTLE, NORTH WALES

A Clinic for the diagnosis and treatment of Internal Diseases (except Mental or Infectious Diseases).

The Clinic is provided with a staff of doctors, technicians and nurses.

The surroundings are beautiful. The climate is mild. There is central heating throughout. The annual rainfall is 30·5 inches, that is, less than the average for England.

The inclusive weekly fees are from 15 guineas a week, according to the room occupied; rooms with bathroom are from 21 guineas. An examination and consultation fee of 15 guineas is charged on the first visit only.

SPECIAL FEE FOR INVESTIGATION ONLY—30 GUINEAS, including stay up to 10 days and report to doctor. For particulars, apply to

THE SECRETARY, Ruthin Castle, North Wales.

Telegrams: Castle, Ruthin. *Telephone:* Ruthin 66.

HOLLOWAY SANATORIUM, Virginia Water

A Registered Hospital for the Treatment of

Nervous and Mental Disorders of the EDUCATED CLASSES

(Founded by Thomas Holloway in 1885)

This Institution is situated in a beautiful and healthy locality within easy reach of London. It is fitted with every comfort. Patients can have Private Bedrooms and Special Nurses, as well as the use of General Sitting Rooms, at moderate rates of payment. Voluntary Patients can be admitted.

There is a Branch Establishment at CANFORD CLIFFS, BOURNEMOUTH, where Patients can be sent for a change and be provided with all the comforts of a well-appointed home.

For Terms, apply to the

RESIDENT MEDICAL SUPERINTENDENT, St. Ann's Heath, Virginia Water, Surrey

COURT HALL, KENTON, near EXETER

FOR THE TREATMENT OF EIGHT LADIES, VOLUNTARY, TEMPORARY AND CERTIFIED PATIENTS

CLIFFDEN, TEIGNMOUTH

FOR EARLY AND CONVALESCENT CASES — Recreational Therapies are held daily by skilled Leaders

The house stands high with spacious balconies and extensive views of the South Devon Coast. Beautiful garden. Own Dairy in 25 acres. Private road to beach. There is also a charming house, EBWORTHY, MANATON, DARTMOOR, situated in 20 acres, 1100 ft. up for bracing moorland air.

Resident Physicians—BERTHA M. MULES, M.D., B.S. ANNE S. MULES, M.R.C.S., L.R.C.P.

Telephones—STARCROSS 59 and TEIGNMOUTH 289

CRICHTON ROYAL, DUMFRIES — For NERVOUS AND MENTAL DISORDERS

Separate Villa for patients suffering from the effects of alcoholism and drug addiction. Every facility for complete investigation and individual treatment on the most modern lines. Fully equipped gymnasium, golf course, and indoor swimming pool. Specially trained occupational and recreational therapists. Private rooms, suites, and special nurses available. As the hospital is well endowed terms are exceptionally moderate, e.g., First Department from 3 guineas per week, Second Department, 2 and 2½ guineas per week. Voluntary and certified patients are received. Medical Certificates given anywhere in the British Isles are valid for admission of patients. *For prospectus, necessary forms, and further information apply to:—*

Physician Superintendent, P. K. McCowan, J.P., M.D., F.R.C.P., D.P.M., Barrister-at-Law. *Tel.* Dumfries 1119.

CHEADLE ROYAL HOSPITAL, Cheadle, Cheshire.

This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.

The Hospital is governed by a COMMITTEE, appointed by the TRUSTEES of the Manchester Royal Infirmary.

In addition to the Main Buildings there are separate villas. Extensive grounds. Hard and grass tennis courts, cricket and croquet grounds, and a court for badminton. There are also wireless installations. Golf may be had within easy distance. Occupational Therapy.

VOLUNTARY, TEMPORARY, AND CERTIFIED PATIENTS received.

The Hospital is nine miles from Manchester, 50 minutes by rail from Liverpool, and 3½ hours from London.

For terms and further particulars apply to the Medical Superintendent, who may be seen in Manchester BY APPOINTMENT. *Telephone: Gatley* 2231 (3 lines).

PARK SANATORIUM

(FORMERLY SANATORIUM TURBAN)

DAVOS-PLATZ, SWITZERLAND

First-class house, 5,150 ft. above sea-level. Large park and wood belonging to the sanatorium. Terms for board and residence, including room, medical treatment, etc., from Frs. 16.– per day. Prospectus.

Medical Superintendent, F. BAUER, M.D.

HAYDOCK LODGE,

NEWTON-LE-WILLOWS, LANCASHIRE.

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

MALLING PLACE, KENT

For LADIES and GENTLEMEN of Unsound Mind.

Terms moderate. Apply to Resident Medical Superintendent. Telegrams: ADAM WEST MALLING. Telephone No. 2: MALLING

HOME for EPILEPTICS, MAGHULL

(Near Liverpool)

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses.

FEES:

1st Class (men only) from £5 5s. p.w. upwards.

2nd Class (men and women) 32/- p.w.

For further particulars apply Secretary,

C. EDGAR GRISEWOOD, A.C.A., 20 Exchange St. East, Liverpool

CHISWICK HOUSE,

PINNER, MIDDLESEX.

Telephone: PINNER 234.

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes.

A modern country house, 12 miles from Marble Arch, in attractive and secluded surroundings. Fees from 10 guineas per week inclusive. Cases under Certificate, Voluntary and Temporary Patients received for treatment.

DOUGLAS MACAULAY, M.D., D.P.M.

CITY OF LONDON MENTAL HOSPITAL

Near DARTFORD, KENT.

Ladies and Gentlemen received for treatment under certificates, and without certificates as either VOLUNTARY or TEMPORARY PATIENTS, at a weekly fee of £2 9s., and upwards.

THE ROYAL EARLSWOOD INSTITUTION

FOR MENTAL DEFECTIVES, REDHILL, SURREY.

(Formerly the EARLSWOOD ASYLUM.) PATRON: H.M. THE KING.

FOR THOSE REQUIRING CONTROL with EXPERT SUPERVISION and needing SPECIAL TRAINING in useful occupations, *SCHOOLS, FARMING, and various TRADE WORKSHOPS.*

Inclusive fees from £110 p.a. *THOSE UNABLE TO PAY FULL FEES* admitted by votes of subscribers with part payment towards cost.

RECREATIONS: Outdoor games. MALE STAFF BAND for Concerts, Dancing, etc.

Apply: THE MEDICAL SUPERINTENDENT, Earlswood, Redhill, Surrey. *'Phone:* REDHILL 34[illegible].

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS.

Extensive grounds. Detached Villas. Chapel. Garden and Dairy Produce from own farm. Terms very moderate.

CONVALESCENT HOME AT BOURNEMOUTH Detached Villas standing in 12 acres of ornamental grounds, with tennis courts, etc., which Voluntary, Temporary or Certified Patients may visit by arrangement for long or short period.

Illustrated Brochure on application to the Medical Superintendent. The Old Manor, Salisbury. Telephone: Salisbury 3216 and 3217.

BROMPTON HOSPITAL

and FRIMLEY SANATORIUM

PAYING PATIENTS RECEIVED

BOTH MEDICAL and SURGICAL CASES

5 to 8 guineas per week at the Hospital. 3 to 4 guineas per week at the Sanatorium

APPLY TO THE SECRETARY:—BROMPTON HOSPITAL, S.W.3

VALE OF CLWYD SANATORIUM

This Sanatorium is established for the treatment of Tuberculosis of the Lungs and the Pleural Cavities. It is situated in the midst of a large area of park-land at a height of 450 feet above sea-level, on the South West slopes of mountains rising to over 1800 feet, which protect it from north and east winds and provide many miles of graduated walks with magnificent views. Average rainfall 29·57 per annum. Full day and night Nursing Staffs. X-Ray plant. Every facility for Artificial Pneumothorax and for operations on the chest. Electric Lighting. Central Heating. Home Farm. Grade A Milk from T.T. Herd.

For particulars apply to Medical Superintendent.

H. MORRISTON DAVIES, M.D., M.Ch. (Cantab.), F.R.C.S., Llanbedr Hall, Ruthin, N. Wales.

BROOKE HOUSE, CLAPTON

A PRIVATE HOME for the treatment of Nervous and Mental Disorders in both sexes. Situated in nine acres of Pleasure Grounds.

Voluntary, Temporary, and Certified Patients received.

For further particulars apply—

Dr. ERNEST ROLLINS, Resident Physician.

Tel.: Amherst 1642.

FENSTANTON, at "FIVE DIAMONDS," Chalfont St. Giles, Bucks.

A Private Home for the Care and Treatment of a limited number of LADIES with Mental and Nervous Disorders. Certified, Voluntary, and Temporary Patients received. Mansion with 12 acres of grounds. (*See Medical Directory*, p. 2312.) Apply Resident Physician. Telephone: Little Chalfont 2046. Station: Chalfont and Latimer.

ST. CHRISTOPHER'S NURSERY COLLEGE

TUNBRIDGE WELLS - - KENT

is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
Nervous and delicate infants and children are also accepted and receive individual care and attention. The quiet situation of the College among fields and woods is especially suitable.

Further particulars on application

Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.

Tel. No.: T. W. 595.

THE RETREAT, YORK

The Pioneer Hospital for the humane treatment of those suffering from Nervous and Mental Disorders, opened 1796.

This Hospital, administered by a Committee of the Society of Friends, combines what is best in the newer methods of investigation and treatment of nervous and mental illness with a sympathetic and friendly atmosphere.

The hospital, of 200 beds, admitted last year 110 patients, of whom 79 entered on a voluntary basis. It cannot be too widely known that much curative work is accomplished in modern mental hospitals today, and it is not generally appreciated that the recovery rate compares very favourably with that of General Hospitals.

For information and terms of admission, apply to

THE PHYSICIAN SUPERINTENDENT

Dr. Arthur Pool.

HIS MAJESTY'S COLONIAL SERVICE

THE COLONIAL MEDICAL SERVICE

Before the end of the year the Secretary of State for the Colonies proposes to select a limited number of Medical Officers for Service mainly in Tropical Africa. They will be required to attend a course of instruction in Tropical Medicine and Hygiene commencing in January before proceeding overseas.

Qualifications: Applicants, who must be British subjects of European parentage and under thirty-five years of age, must be fully qualified.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 8, Buckingham Gate, London, S.W.1.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

Founded in 1882 by E. S. WEYMOUTH, M.A.

Postal or Oral Preparation for all Medical Examinations.

SOME SUCCESSES

M.D. (Lond.), 1901-38 (11 Gold Medallists 1913-38) ..	421
M.S. (Lond.), 1901-38 (including 4 Gold Medallists) ..	24
M.B., B.S. (Lond.), *Final*, 1901-38 (completed exam.)..	361
F.R.C.S. (Eng.), 1901-38 .. Primary 287 ; Final	231
D.P.H. (various), 1901-38 (completed exam.)	364
F.R.C.S. (Edin.), 1901-38	89
M.R.C.P. (Lond.), 1901-38	339
M.R.C.S., L.R.C.P., *Final*, 1901-38 (completed exam.)..	704

M.D. (various), by Thesis. Many Successes.

D.O.M.S., D.L.O., D.P.M., &c. Many Successes.

MEDICAL PROSPECTUS (47 pages),

sent gratis, along with List of Tutors, &c., on application to the Principal, 17, Red Lion-square, London, W.C.1. (Telephone: Holborn 6313.)

Swedish Institute Physiotherapy

CLINIC, 108, Cromwell-road, S.W.7.
Tel.: WES 1010.

Fully equipped with Light, Electrical, Diathermy, and Short-wave Apparatus, and having a qualified and experienced staff of chartered masseuses. Doctors and specialists can prescribe treatments under their own direction.

Chelsea Hospital for Women,

Dovehouse-street, S.W.3.

TWO HOUSE SURGEONS (MALE).

Applications are invited for the above posts (equal status) as from 1st January, 1940. Salary will be at the rate of £130 per annum, together with board and residence and laundry. These officers will be required to attend to casualties, if necessary, in addition to the routine work of the hospital.

Applications, together with copies of testimonials, should be forwarded to the undersigned on or before Wednesday, 27th December next.

GEO. W. COOLING, Secretary.

Chelsea Hospital for Women,

Dovehouse-street, S.W.3.

Applications are invited for the post of SURGEON to the hospital. Candidates must hold the Fellowship of one of the Colleges of Surgeons of England, Edinburgh, or Ireland, and the Fellowship or Membership of the British College of Obstetricians and Gynæcologists.

The Senior Surgeon to Out-patients is a candidate for the post, and should he be elected there will be a vacancy for a Surgeon to Out-patients, candidates for which should be qualified as above.

Applications for either or both posts, accompanied by copies of three recent testimonials, should be forwarded to the undersigned not later than Wednesday, 27th December next.

GEO. W. COOLING, Secretary.

The Middlesex Hospital, W.1.

Applications are invited for ACTING MEDICAL and ACTING SURGICAL REGISTRARSHIPS.

The appointments will be for the year 1940, and the successful candidates will be eligible for reappointment and may retain office for two further consecutive years. The salary is £300 per annum.

Applications, with copies of testimonials, should be sent by Saturday, December 30th, to the Secretary-Superintendent, from whom further particulars may be obtained.

The Elizabeth Garrett Anderson

HOSPITAL, Euston-road, N.W.1.

Applications are invited from fully qualified Medical Women for the following posts:—

Two HOUSE PHYSICIANS.
One RESIDENT ANÆSTHETIST.
One SENIOR HOUSE SURGEON with previous experience.
Three HOUSE SURGEONS.

Salaries will be pooled under the Emergency Medical Services Scheme and allocated according to experience, with a minimum of £100. Candidates appointed may be required to work either at the E.G.A. Hospital or at Oster House Hospital, St. Albans.

Applications should be sent to the Secretary of the E.G.A. Hospital, from whom further particulars may be obtained, not later than Monday, 1st January.

London County Council.

ASSISTANT MEDICAL OFFICERS (Men or Women) required for the mental health services. Age under thirty-five. Candidates (i) must be registered to practise both in medicine and surgery in England; (ii) must be of at least one year's professional standing; (iii) must have held residential post in general hospital for six months or comparable general experience. Salary £470 a year, rising by £25 to £570 a year (additional allowance of £50 to holders of D.P.M.). No emoluments. Charges for board, lodging, &c. (at present £2 9s. a week), if required to be resident. Pensionable. Marriage terminates service in case of women.

Write to Chief Officer, Mental Hospitals Department, West Park Hospital, Epsom, Surrey, for form returnable by 6th January, 1940. Canvassing disqualifies.

Middlesex County Council.

NORTH MIDDLESEX COUNTY HOSPITAL
Silver-street, Edmonton, N.18.

Applications are invited from registered Medical Practitioners for the following posts at the above hospital.

OBSTETRIC HOUSE SURGEON (Resident). Salary, £100 per annum, with board, lodging, and laundry Appointment is for six months. Whole-time duties. under Medical Superintendent. The hospital, which has 1300 beds and 17,000 admissions yearly, is approved for R.C.O.G. purposes. There are nearly 2000 deliveries per annum, largely complicated cases, in the obstetric department and there are 60 gynæcological beds.

ASSISTANT MEDICAL OFFICER for Casualty and Receiving Room duties. Should have considerable all-round experience, and have held posts of House Physician and House Surgeon. Salary £350 per annum, with board, lodging, and laundry. (If non-resident an allowance of £100 per annum in lieu of residential emoluments.) Appointment, subject to medical examination, is for six months in the first instance, and may be extended for a further six months. It is terminable by one month's notice. Whole-time duties under Medical Superintendent. Opportunity for major surgery. Hours 10 A.M. to 6 P.M. daily, with Saturday afternoons and Sundays free.

Applications for both the above positions to the undersigned, together with copies of not more than three recent testimonials, by 30th December, 1939. Relationship to any member or officer of the Council to be disclosed in application. Canvassing, direct or indirect, disqualifies.

C. W. RADCLIFFE "B.3," Clerk of the County Council.
Guildhall, S.W.1.

St. Mary's Hospital, W.2.

SENIOR ASSISTANT RADIOLOGIST.
JUNIOR ASSISTANT RADIOLOGIST.

Applications are invited for the above posts. Candidates must be registered Medical Practitioners and must hold a Diploma of Radiology. Honorarium for the Senior Assistant Radiologist £125 per annum. Honorarium for the Junior Assistant Radiologist £75 per annum.

Applications, giving particulars of qualifications and experience, should be sent to the undersigned not later than 30th December, 1939.

The appointment in each case is in the first instance for six months. Copies of regulations may be obtained from the Secretary's Office.

W. PARKES, House Governor.

The London Chest Hospital,

Victoria Park, E.2.
('Bus, Tram, and Rail, Cambridge Heath, L. & N.E. Railway.)

A vacancy for a HOUSE PHYSICIAN (Male) will occur on February 1st. Six months' appointment. Salary at the rate of £100 per annum. Board, residence, and laundry provided.

Applications, with copies of three testimonials, should be sent to the Secretary on or before Saturday, 6th January, 1940.

N.B.—Vacancies occur at an interval of two months.

Hospital for Consumption and Diseases

OF THE CHEST, Brompton, S.W.3.

The Committee of Management invite applications for the post of HOUSE PHYSICIAN. The duties include work in the Outpatient Department as well as in the Wards. The appointment is for six months commencing on February 1st, with an honorarium of £50.

Applications, with copies of testimonials, must reach the undersigned not later than Saturday, 6th January, 1940.

F. G. ROUVRAY, Secretary.

Brompton, S.W.3, December, 1939.

Princess Louise Kensington Hospital

FOR CHILDREN,
St. Quintin-avenue, W.10. (Ladbroke 0133.)

RESIDENT MEDICAL OFFICER (either sex) required immediately for six months. Previous Hospital experience desirable. Salary at the rate of £150 per annum, with board, residence, and laundry.

Applications, with copies of three recent testimonials, must be submitted on a form to be obtained from the undersigned and must reach him not later than Thursday, 28th December, 1939.

H. J. ELEY, Secretary.

Manchester Hospital for Consumption

AND DISEASES OF THE THROAT AND CHEST.

Wanted, an ASSISTANT MEDICAL OFFICER (Male) for the CROSSLEY SANATORIUM, DELAMERE FOREST, CHESHIRE (113 Beds).

Salary £200 per annum, with board, apartments, and laundry. Candidates must be registered. The appointment offers an opportunity for gaining experience in modern methods of treating Pulmonary Tuberculosis. The Sanatorium has been graded by the Ministry of Health as a Group 2 Emergency Hospital for the reception of casualties.

Applications, stating age, with copies of testimonials, to be sent not later than January 1st, 1940, to W. HUNT, Secretary, 45, Hardman-street, Manchester, 3.

Norfolk and Norwich Hospital,

NORWICH. (416 Beds.)

Applications are invited for the following posts:—
HOUSE PHYSICIAN.
HOUSE SURGEON to the ORTHOPÆDIC DEPARTMENT.
CASUALTY OFFICER.

Salary for each post £120 per annum, with board, residence, &c.

Candidates (Male) must be unmarried and must possess registered qualifications.

Applications, stating age, nationality, &c., together with copies of testimonials, should be forwarded to the undersigned as soon as possible.

FRANK INCH, House Governor and Secretary.

22nd December, 1939.

City of Birmingham.

ROMSLEY HILL SANATORIUM. (120 Beds.)

RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for a Resident Assistant Medical Officer. Candidates must be unmarried and have held a resident hospital appointment since qualifying. Experience in the diagnosis and treatment of tuberculosis will be a recommendation.

The appointment will be limited in the first instance to six months, and, subject to satisfactory service, may be extended for a further six months. The salary will be at the rate of £240 per annum for the first six months and £275 per annum for the second six months, with board and residence in each case.

Forms of application may be obtained from the Medical Superintendent, Romsley Hill Sanatorium, Halesowen, near Birmingham, and should be returned to him not later than 8th January, 1940.

F. H. C. WILTSHIRE, Town Clerk.

Lancashire Mental Hospitals Board.

COUNTY MENTAL HOSPITAL, RAINHILL,
Nr. LIVERPOOL.

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT.

Applications are invited for the whole-time appointment of Deputy Medical Superintendent at the above Mental Hospital.

The salary is £800 per annum, rising by annual increments of £50 to a maximum of £900 per annum. An additional £50 per annum will be paid for the possession of a Diploma in Psychological Medicine.

The appointment will be subject to the provisions of the Asylums Officers' Superannuation Act, 1909.

Applicants are required to submit their applications on a form to be obtained from the undersigned, and applications endorsed "Deputy Medical Superintendent, Rainhill" should be sent or delivered to my office so as to arrive not later than 12 NOON on Thursday, the 11th day of January, 1940.

Canvassing, either directly or indirectly, will be a disqualification.

GEORGE ETHERTON, Clerk of the Board.

County Offices, Preston, 12th December, 1939.

Lancashire Mental Hospitals Board.

COUNTY MENTAL HOSPITAL, PRESTWICH,
Nr. MANCHESTER.

APPOINTMENT OF MEDICAL SUPERINTENDENT.

Applications are invited for the whole-time appointment of Medical Superintendent of the above Mental Hospital. The salary is £950 per annum, rising by annual increments of £100 to a maximum salary of £1350 per annum, together with emoluments for pension purposes valued at £150 per annum.

The appointment will be subject to the provisions of the Asylums Officers' Superannuation Act, 1909.

Applicants are required to submit their applications on a form to be obtained from the undersigned, and applications endorsed "Medical Superintendent, Prestwich" should be sent or delivered to my office so as to arrive not later than 12 NOON on Friday, the 12th day of January, 1940.

Canvassing, either directly or indirectly, will be a disqualification.

GEORGE ETHERTON, Clerk of the Board.

County Offices, Preston, 12th December, 1939.

Addenbrooke's Hospital, Cambridge.

Applications are invited for the following posts:—
(a) HOUSE SURGEON, vacant on February 1st, 1940.
(b) HOUSE SURGEON to the SPECIAL DEPARTMENTS, with care of beds for ear, nose, and throat, eye, gynæcological and maternity cases, vacant on February 1st, 1940.

Each appointment is tenable for a period of six months, but is terminable at an earlier date by one month's written notice on either side.

The salary of each officer will be at the rate of £130 per annum, with board, residence, and laundry.

Candidates (Male) who must be unmarried and duly registered, are requested to forward their applications, stating age, qualifications, &c., together with copies of not more than four testimonials, to the undersigned on or before Wednesday, 3rd January, 1940.

J. A. BEARDSALL, Secretary-Superintendent.

County Borough of Bury.

CIVIL DEFENCE SERVICES in the PUBLIC HEALTH DEPARTMENT.

Applications are invited from fully qualified registered Medical Men for the full-time appointment of a temporary ASSISTANT MEDICAL OFFICER OF HEALTH (part time) in connection with the Council's scheme for Air-raid Precautions and with the work in the Public Health Department.

The officer appointed will assist the Medical Officer of Health in the control and administration of the Civil Defence Medical Services and in work at the Public Health Clinic.

The salary will be at the rate of £550 per annum and the appointment will be reviewed annually and terminable by three months' notice on either side.

There is no form of application but applicants must state fully their experience in control and administrative work and in general medicine.

Applications should be forwarded, together with copies of three recent testimonials, to the undersigned not later than 28th December, 1939.

RICHARD MOORE, Town Clerk.

Municipal Offices, Bank-street, Bury, 7th December, 1939.

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Applications are invited for the post of RESIDENT SURGICAL OFFICER (Male). Salary £200 per annum. Appointment for twelve months and includes board, residence, and laundry.

Applications, stating age and qualifications, together with copies of three recent testimonials, to be forwarded to the undersigned not later than Thursday, 28th December.

D. ROBERTS, Superintendent and Secretary.

County Borough of South Shields.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER.

Applications are invited from fully qualified and registered Women Medical Practitioners for the post of Assistant Medical Officer (Maternity and Child Welfare and School Medical Service) at a salary of £500 per annum, rising by annual increments of £25 to £700 per annum.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the successful candidate will be required to pass a medical examination.

The person appointed will be under the administrative control of the Medical Officer of Health and she must devote her whole time to the duties of the post and must not engage in private practice.

Forms of application may be obtained from the Medical Officer of Health, Stanhope-road, South Shields.

Applications, with copies of three recent testimonials, should be received at my office not later than NOON on Monday, 8th January, 1940, marked "Appointment of Assistant Medical Officer."

Canvassing of members of the Council, of Chief Officers, or of Deputy Chief Officers will disqualify the candidate for the appointment.

HAROLD AYREY, Town Clerk.

Town Hall, South Shields, 12th December, 1939.

Mansfield and District General

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Applications are invited for the post of HOUSE SURGEON (Male) for a period of six months. Duties to commence at an early date. Salary £150 per annum, with board, residence, laundry, &c.

Applications, stating age and qualifications, together with copies of three recent testimonials, to be sent to the undersigned not later than Monday, 1st of January, 1940. Selected candidates will be required to attend for interview.

A. ASHWORTH, Secretary.

City of Lincoln.

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH.

Applications are invited for the appointment of Assistant Medical Officer of Health from Male and Female candidates.

The duties of the post relate mainly to Maternity and Child Welfare.

Salary £500–£25–£700.

Applications must be made on the prescribed form not later than 2nd January, 1940.

Forms of application and further particulars of appointment may be obtained from the Medical Officer of Health, Beaumont Fee, Lincoln.

G. H. BANWELL, Town Clerk.

Corporation Offices, Lincoln, December, 1939.

City of Wakefield.

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER (MALE).

Applications are invited from registered Medical Practitioners for the post of Junior Assistant Medical Officer in the Public Health Department at a salary of £500 per annum, rising by annual increments of £25 to £700 per annum. Preference will be given to candidates possessing the Diploma in Public Health. Duties will be chiefly in connection with the School Medical and Maternity and Child Welfare Services.

The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and to the successful candidate passing a medical examination.

Applications must be made on forms to be obtained from the Medical Officer of Health, Town Hall Chambers, Wakefield, from whom further particulars may be had.

Applications, together with copies of three recent testimonials, to be received by the undersigned not later than first post on Monday, the 1st January, 1940.

T. NICHOLAS GRIMSHAW, Town Clerk.

Town Hall, Wakefield, December, 1939.

Royal Cornwall Infirmary, Truro.

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County Borough of Stockport.

PUBLIC HEALTH DEPARTMENT.

DEPUTY MEDICAL OFFICER OF HEALTH AND CLINICAL TUBERCULOSIS OFFICER.

Applications are invited from duly qualified and registered Medical Men for the above appointment.

The possession of a degree or diploma in Public Health is essential, and preference will be given to candidates with experience in the diagnosis and treatment of Tuberculosis, Infectious and Venereal Diseases.

The salary attached to the position will be £750 per annum, rising every two years by increments (three increments of £50 and final increment of £37 10s.) to a maximum of £937 10s. per annum.

A motor-car allowance of £50 per annum will be paid.

The candidate appointed will be required to pass a medical examination, and will be subject to the provisions of the Local Government Superannuation Act, 1937.

Forms of application and particulars of the duties, &c., of the office can be obtained by application to Dr. J. Yule, Medical Officer of Health, Town Hall, Stockport.

Applications, endorsed "Deputy Medical Officer of Health," should reach me not later than first post on Monday, the 8th January, 1940.

Canvassing in any form is prohibited.

F. KNOWLES, Town Clerk.

Town Hall, Stockport, December, 1939.

City of Manchester.

BOOTH HALL HOSPITAL FOR CHILDREN.
(760 Beds.)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER at the above-named Hospital.

The salary for the appointment is £400 per annum, rising by £25 annually to a maximum of £450 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service.

Applicants must hold a higher qualification in surgery, and must have had previous experience in residential hospital posts.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box No. 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than January 13th, 1940.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 18th December, 1939.

City of Manchester.

PUBLIC HEALTH DEPARTMENT.

BAGULEY SANATORIUM. (333 Beds.)

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT.

The Public Health Committee invites applications from qualified Medical Men for the post of Deputy Medical Superintendent at the Baguley Sanatorium, Baguley, Manchester.

Every applicant must be a registered Medical Practitioner, under forty years of age.

Candidates must have held resident hospital and sanatorium appointments, and have had practical experience in the diagnosis and modern methods of treatment of tuberculosis; practical experience in radiology is desirable.

Salary £500 per annum (no bonus), with board, residence, and laundry valued at £85 per annum in addition. These will be reconsidered when an unfurnished house is provided in the coming year. The post is subject to the Manchester Corporation conditions of service.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration, P.O. Box 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than January 12th, 1940.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, December 18th, 1939.

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Assistant Physician and Demonstrator of Practical Medicine, St. Bartholomew's Hospital; Physician, Royal Chest Hospital; Consulting Physician, Royal National Sanatorium, Bournemouth

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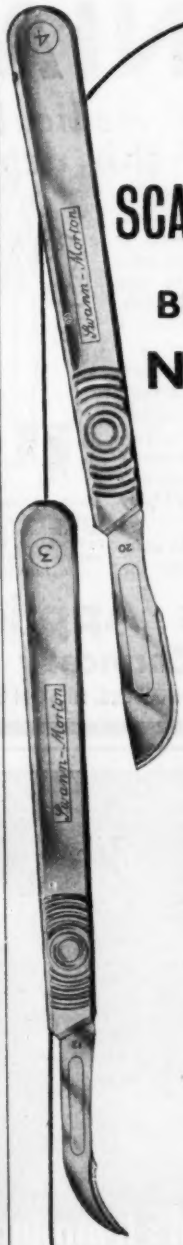

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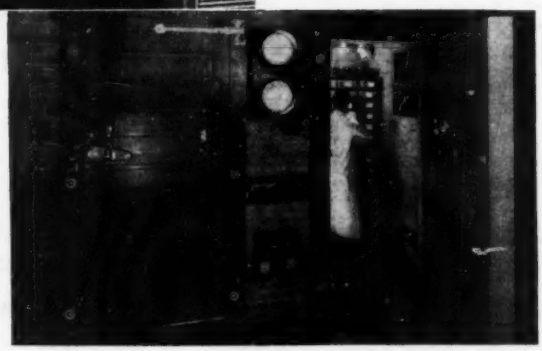

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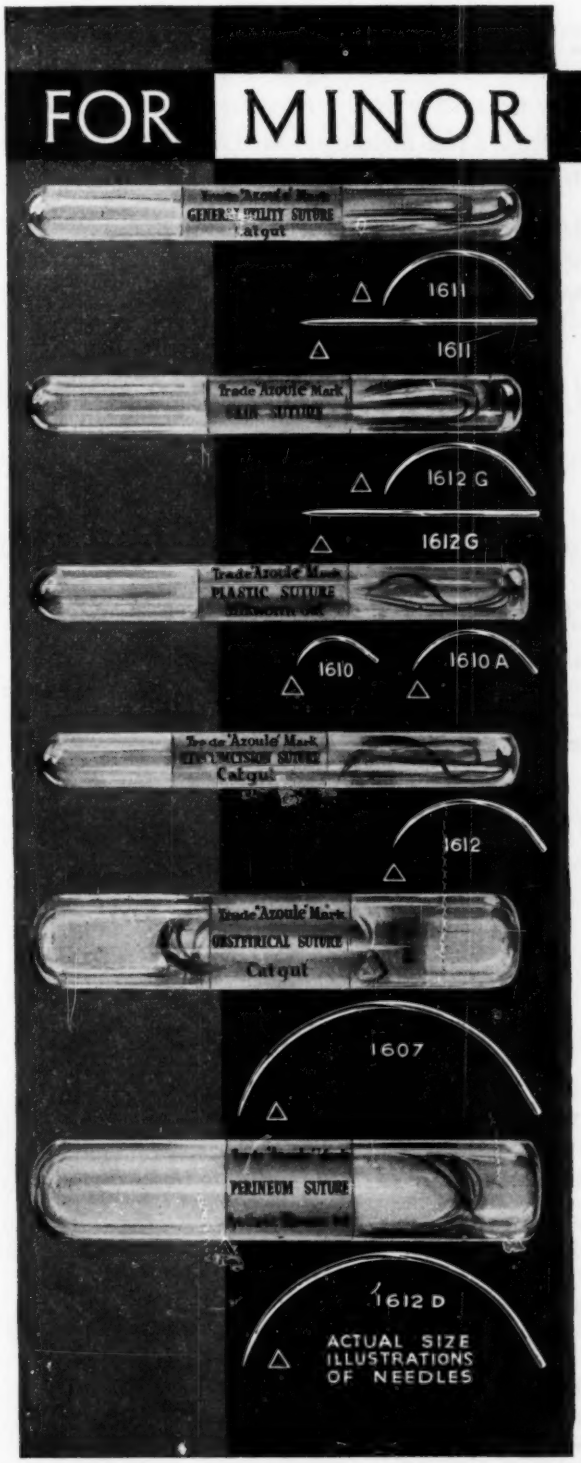

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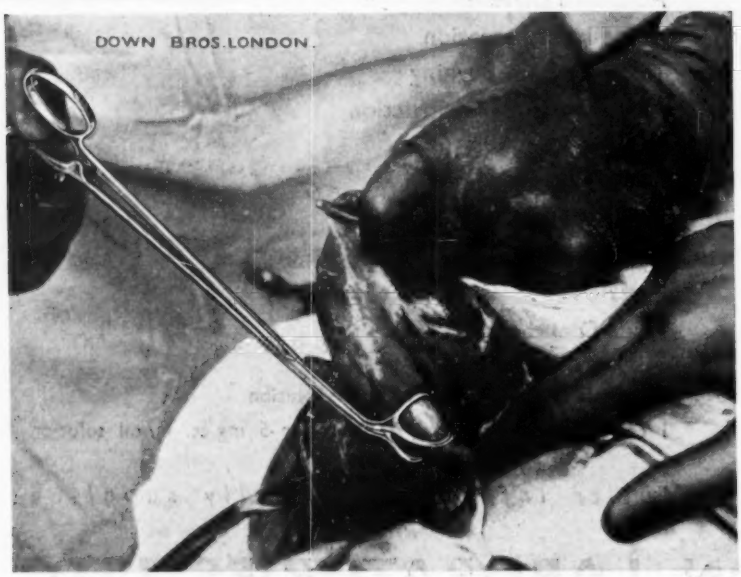

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FOR THE UPPER AND MIDDLE CLASSES ONLY.

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Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupational therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

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For terms and further particulars apply to the Medical Superintendent (TELEPHONE: No. 2356 and 2357 Northampton), who can be seen in London by appointment.

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Telegrams: "Alleviated, London." **Telephones: Rodney 2641 and 2642.**

The above House is for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution. Occupational therapy, physical drill, and other forms of modern treatment. There is a seaside branch, Kearsney Court, near Dover, to which patients may be sent for treatment or on holiday. Motor drives are arranged when required. Tennis courts. Entertainments, dances, and indoor amusements held throughout the year. Terms from £3 3s. per week. Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT.

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Also completely detached Villas for Mild Cases, with private suites if desired. Voluntary Patients received. Twenty acres of Grounds. Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court, and all indoor amusements, including Wireless and other Concerts, Occupational Therapy, Calisthenics, and Dancing Classes. X-ray and Actino-therapy, Prolonged Immersion Baths, Operating Theatre, Pathological Laboratory, Dental Surgery, and Ophthalmic Department. Chapel. Shock and also modified Insulin Therapy.

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For further particulars apply to the MEDICAL SUPERINTENDENT.

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For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from Mental and Nervous Disorders, Alcoholism and Drug addiction, either voluntarily, temporarily, or under certificate. Patients are classified in separate buildings according to their mental condition. Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT. *'Phone:* Ashton-in-Makerfield 7311. *Tele. Address:* Street, Ashton-in-Makerfield.

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This REGISTERED HOSPITAL, with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL AND NERVOUS DISEASES.

The Hospital is governed by a COMMITTEE, appointed by the TRUSTEES of the Manchester Royal Infirmary.

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Ladies and Gentlemen received for treatment under certificates, and without certificates as either VOLUNTARY or TEMPORARY PATIENTS, at a weekly fee of £2 9s., and upwards.

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is situated in a safety zone

Healthy children are received from 1 week to 8 years of age.
Fully trained NURSING and TEACHING Staff.
Beautiful grounds—very good health record.
Highly recommended by doctors and parents all over the world.
Excellent air-raid shelters and other precautions taken.
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Further particulars on application

Director: Miss M. A. PAYNE, S.R.N., A.R.San.I.

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Certificated Assistants with C.S.M.M.G. and Bio-Physical qualifications retained upon the Staff.

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(*Formerly General Manager, The Brine Baths, Droitwich Spa*)

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Accommodation is provided for the reception of PRIVATE PATIENTS of both sexes in three detached Villas, which are healthily and pleasantly situated in extensive grounds with sea views.

Charges from 3 guineas weekly, including all necessaries except clothing.—Apply to the Medical Superintendent and Resident Physician, THOMAS BEATON, O.B.E., M.D., F.R.C.P.

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited for the post of HONORARY ASSISTANT SURGEON to the ORTHOPÆDIC DEPARTMENT. Candidates must be Fellows of the Royal College of Surgeons of England.

Applications, accompanied by copies of three recent testimonials, should be sent to the undersigned on or before the 13th January, 1940.

RICHARD T. BARTLEY, Secretary.

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited for the post of HONORARY ASSISTANT SURGEON to the OPHTHALMIC DEPARTMENT. Candidates must be Fellows of the Royal College of Surgeons of England.

Applications, accompanied by copies of three recent testimonials, should be sent to the undersigned on or before the 13th January, 1940.

RICHARD T. BARTLEY, Secretary.

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited for the post of DISTRICT OBSTETRIC ASSISTANT tenable for six months in the first place at a salary of £100 per annum. Duties to commence 1st February, 1940. Candidates must be duly qualified registered Medical Women.

Application form may be obtained from the undersigned and should be duly filled in and returned on or before 6th January, 1940.

RICHARD T. BARTLEY, Secretary.

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited from duly qualified and registered Medical Men for the following post:—

RESIDENT CASUALTY OFFICER.

Duties to commence 1st February, 1940, for six months. If the successful candidate is not remunerated by the Emergency Medical Service he will be paid by the Hospital at the rate of £150 per annum. Candidates must have held previous resident hospital appointments.

The undersigned will supply application forms which should be completed and returned to him, accompanied by copies of three recent testimonials, on or before the 6th January, 1940.

RICHARD T. BARTLEY, Secretary.

Royal Free Hospital,

Gray's Inn-road, London, W.C.1.

Applications are invited from duly qualified and registered Medical Women for the following post:—

RESIDENT CASUALTY OFFICER.

Duties to commence 1st February, 1940, for six months. If the successful candidate is not remunerated by the Emergency Medical Service she will be paid by the Hospital at the rate of £150 per annum. Candidates must have held previous resident hospital appointments.

The undersigned will supply application forms which should be completed and returned to him, accompanied by copies of three recent testimonials, on or before the 6th January, 1940.

RICHARD T. BARTLEY, Secretary.

Hampstead General Hospital,

Hampstead, N.W.3.

Applications are invited from registered Medical Women for the resident appointment of CASUALTY MEDICAL OFFICER for six months, vacant 1st February next at the OUT-PATIENT DEPARTMENT, BAYHAM-STREET, CAMDEN TOWN. Salary £100 per annum.

Applications, on the prescribed form, with copies of three testimonials, to be returned to the Secretary by 20th January.

King Edward Memorial Hospital,

Mattock-lane, Ealing, W.13.

RESIDENT MEDICAL OFFICER (Male) required, work mainly surgical. Six months' appointment, with possibility of re-election for a further period. Salary £275 per annum, with usual residential emoluments.

Applications, stating age, experience, and qualifications, together with copies of two recent testimonials, should be sent to the undersigned immediately.

R. A. MICKELWRIGHT, House Governor.

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Hospital for Consumption and Diseases
OF THE CHEST, Brompton, S.W.3.

The Committee of Management invite applications for the post of HOUSE PHYSICIAN. The duties include work in the Outpatient Department as well as in the Wards. The appointment is for six months commencing on February 1st, with an honorarium of £50.

Applications, with copies of testimonials, must reach the undersigned not later than Saturday, 6th January, 1940.

F. G. ROUVRAY, Secretary.

Brompton, S.W.3, December, 1939.

Mildmay Mission Hospital,
Austin-street, Bethnal Green, E.2.

Applications are invited for the post of ASSISTANT CASUALTY OFFICER (Female), which is now vacant. The appointment is non-resident and for six months. Salary £140 per annum. Dinner, tea, and supper when on duty.

Candidates must be registered under the Medical Acts, and the Mildmay Council is anxious that they should be fully in sympathy with the religious work of the Hospital.

Applications, with copies of recent testimonials, should be sent to the Medical Superintendent as soon as possible.

County Borough of Stockport.

PUBLIC HEALTH DEPARTMENT.

DEPUTY MEDICAL OFFICER OF HEALTH AND CLINICAL TUBERCULOSIS OFFICER.

Applications are invited from duly qualified and registered Medical Men for the above appointment.

The possession of a degree or diploma in Public Health is essential, and preference will be given to candidates with experience in the diagnosis and treatment of Tuberculosis, Infectious and Venereal Diseases.

The salary attached to the position will be £750 per annum, rising every two years by increments (three increments of £50 and final increment of £37 10s.) to a maximum of £937 10s. per annum.

A motor-car allowance of £50 per annum will be paid.

The candidate appointed will be required to pass a medical examination, and will be subject to the provisions of the Local Government Superannuation Act, 1937.

Forms of application and particulars of the duties, &c., of the office can be obtained by application to Dr. J. Yule, Medical Officer of Health, Town Hall, Stockport.

Applications, endorsed "Deputy Medical Officer of Health," should reach me not later than first post on Monday, the 8th January, 1940.

Canvassing in any form is prohibited.

F. KNOWLES, Town Clerk.

Town Hall, Stockport, December, 1939.

Royal Surrey County Hospital,
GUILDFORD.

Wanted 11th January, 1940: HOUSE PHYSICIAN AND CASUALTY OFFICER (Male) and HOUSE SURGEON (Male), for General Surgery and E.N.T.

These appointments are recognised for the M.D. and F.R.C.S. examinations respectively.

Salary £150 per annum, with board, residence, and laundry.

Applications, stating age and full particulars, with copies of not more than three testimonials, should be sent to the Secretary-Superintendent to arrive not later than 3rd January.

City of Manchester.

BOOTH HALL HOSPITAL FOR CHILDREN.
(760 Beds.)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT SURGICAL OFFICER at the above-named Hospital.

The salary for the appointment is £400 per annum, rising by £25 annually to a maximum of £450 per annum, with board, residence, and laundry in addition, subject to the Manchester Corporation conditions of service.

Applicants must hold a higher qualification in surgery, and must have had previous experience in residential hospital posts.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration Section, Box No. 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than January 13th, 1940.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, 18th December, 1939.

City of Manchester.

PUBLIC HEALTH DEPARTMENT.

BAGULEY SANATORIUM. (333 Beds.)

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT.

The Public Health Committee invites applications from qualified Medical Men for the post of Deputy Medical Superintendent at the Baguley Sanatorium, Baguley, Manchester.

Every applicant must be a registered Medical Practitioner, under forty years of age.

Candidates must have held resident hospital and sanatorium appointments, and have had practical experience in the diagnosis and modern methods of treatment of tuberculosis; practical experience in radiology is desirable.

Salary £500 per annum (no bonus), with board, residence, and laundry valued at £85 per annum in addition. These will be reconsidered when an unfurnished house is provided in the coming year. The post is subject to the Manchester Corporation conditions of service.

Full information and forms of application may be obtained from the Medical Officer of Health, Hospitals Administration, P.O. Box 399, Town Hall, Manchester, 2, and applications for the post must be received by him not later than January 12th, 1940.

R. H. ADCOCK, Town Clerk.

Town Hall, Manchester, 2, December 18th, 1939.

City of Liverpool.

MILL ROAD INFIRMARY. (762 Beds.)

SENIOR RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for the above appointment at the Mill Road Infirmary, Liverpool, 6, to fill a vacancy caused through Staff called up for military service.

Candidates must be fully qualified and registered and should have had considerable hospital experience. A higher qualification in surgery or obstetrics is desirable.

The main duties would be in the Obstetrical and Gynæcological Departments, but the candidate should be capable of doing general emergency surgery.

Salary at the rate of £350 per annum, rising by annual increments of £25 to £450 per annum, together with the usual residential allowances. All fees received in connection with the appointment to be handed over to the City Council.

The person appointed will be required to work under the direction of the Medical Superintendent. The appointment will be made in accordance with the Standing Orders of the City Council. Canvassing, either directly or indirectly, will be considered a disqualification.

Applications, upon forms obtainable from the Medical Officer of Health, Hospitals Department, Gordon House, Belmont-grove, Liverpool, 6, to be endorsed "Senior R.A.M.O." and returned to the undersigned not later than 10 A.M. Wednesday, January 10th, 1940.

W. H. BAINES, Town Clerk.

Municipal Buildings, Dale-street, Liverpool, 2,
December, 1939.

Royal Halifax Infirmary.
Hospital recognised by the Royal College of Surgeons (England).

Wanted, a FIRST HOUSE SURGEON (Male, unmarried). Candidates must be duly qualified and registered. The appointment will be for a period of six months. Salary, including all services required in connection with the Paying Patients' Ward, £200 per annum, with residence, board, and laundry. The Resident Staff consists of Resident Surgical Officer, House Physician, two House Surgeons, and Casualty Officer. The Hospital contains Maternity and Paying Patients' Blocks. Also a Pathological Laboratory, a large Eye, Ear, Nose, and Throat Department, Radiological Department, and Radium Clinic.

Preference will be given to candidates without military commitments.

Particulars of the duties may be obtained from the undersigned, to whom applications, stating age and nationality, together with copy of testimonials, should be sent.

A. MIDGLEY, Secretary.

21st December, 1939.

Staffordshire County Council.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

Applications are invited from fully qualified Medical Women for the post of whole-time ASSISTANT MEDICAL OFFICER for maternity and child welfare.

Candidates should have had at least three years' experience in the practice of their profession and special experience of practical midwifery and antenatal work subsequent to qualification. It is desirable that applicants should hold the Diploma of Public Health.

The salary will be at the rate of £600 per annum rising by annual increments of £50 to £800 per annum. The appointment will be subject to the provisions of the Local Government Superannuation Act, 1937, and the statutory contributions to the Superannuation Fund under that Act will be deducted from the salary.

The successful candidate will be required to undergo a medical examination and produce a birth certificate. The appointment will be subject to three calendar months' notice on either side.

Forms of application may be obtained from the undersigned and should be returned by first post on the 11th January, 1940, together with copies of not more than three testimonials.

Candidates receiving no reply by the 31st January, 1940, may assume the vacancy filled.

H. L. UNDERWOOD, Clerk of the County Council.

County Buildings, Stafford, 21st December, 1939.

Worcester County and City Mental

HOSPITAL, POWICK, Near WORCESTER.

LOCUM TENENS MEDICAL OFFICER required (Male). £7 7s. per week with board, apartments, attendance, and laundry.

Applications, stating age and full particulars to be forwarded to the Medical Superintendent.

Resident Medical Officer required for

Leeds Jewish Hospital. Accommodation for married man available. Salary £200 per annum. State age, experience, qualifications to Secretary, 9, Leopold-street, Leeds, 7.

Taunton and Somerset Hospital,

TAUNTON

A HOUSE PHYSICIAN and a HOUSE SURGEON required end of January for six months. Another House Surgeon also in residence. Salary at the rate of £125 per annum, with board, residence, and laundry, and the retention of certain fees.

Applications, with copies of not more than three recent testimonials, to F. J. J. STACEY, Secretary.

County Borough of Rochdale.

PUBLIC HEALTH DEPARTMENT.

The Health Committee invite applications from fully qualified registered Medical Practitioners (unmarried) for the appointment of JUNIOR RESIDENT MEDICAL OFFICER (Male) at the BIRCH HILL HOSPITAL (475 Beds—Medical, Surgical, Children, and Maternity).

The appointment includes certain services at the adjoining Public Assistance Institution and will be for a period of six months in the first instance, and for a further period of six months at the option of the Town Council, but will not be renewable thereafter.

Salary at the rate of £225 per annum, together with board, residence, and laundry.

Applications must be made on the prescribed form, which may be obtained on application to the Medical Officer of Health, and returned addressed to him at the Public Health Offices, Baillie-street, Rochdale, not later than Friday, the 12th January, 1940.

HARRY BANN, Town Clerk.

Town Hall, Rochdale, 18th December, 1939.

Lincoln County Hospital.

Wanted, JUNIOR HOUSE SURGEON (Male, unmarried). Salary at the rate of £150 per annum, rising to £200 per annum at the conclusion of six months' approved service. Board, residence, and washing will also be provided.

Every candidate for the appointment must be registered under the Medical Acts.

Applications, stating age and other particulars, with copies of not more than three testimonials, are to be sent to the undersigned, from whom further particulars may be obtained.

ARTHUR MOORE, Secretary-Superintendent.

Lincoln, 22nd December, 1939.

City of Birmingham.

ROMSLEY HILL SANATORIUM. (120 Beds.)

RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for a Resident Assistant Medical Officer. Candidates must be unmarried and have held a resident hospital appointment since qualifying. Experience in the diagnosis and treatment of tuberculosis will be a recommendation.

The appointment will be limited in the first instance to six months, and, subject to satisfactory service, may be extended for a further six months. The salary will be at the rate of £240 per annum for the first six months and £275 per annum for the second six months, with board and residence in each case.

Forms of application may be obtained from the Medical Superintendent, Romsley Hill Sanatorium, Halesowen, near Birmingham, and should be returned to him not later than 8th January, 1940.

F. H. C. WILTSHIRE, Town Clerk.

Royal Berkshire Hospital, Reading.

(421 Beds.)

Applications are invited for the following resident appointments, which fall vacant on 1st February, 1940:—

One HOUSE SURGEON (Male).

One HOUSE SURGEON to the SPECIAL DEPARTMENTS (EYE, EAR, NOSE, AND THROAT) (Male).

The appointments are for six months, and candidates must be fully qualified and registered within the past six months. Remuneration at the rate of £150 per annum, with board, residence, and laundry.

Applications, stating age and experience, with copies of testimonials, to be sent to the undersigned on or before Saturday, 13th January, 1940.

H. E. RYAN, Secretary and House Governor.

Worcester County and City Mental

HOSPITAL, POWICK, Near WORCESTER.

Applications are invited for the post of ASSISTANT MEDICAL OFFICER (Male or Female). Applicants must be single, under thirty-five years of age, and duly qualified in medicine and surgery. Commencing salary £350, rising by annual increments of £25 to a maximum salary of £450 per annum, together with furnished apartments, board, laundry, and attendance. A further £50 per annum will be paid if the selected candidate holds or obtains a Diploma in Psychological Medicine. Experience in anæsthetics will be a recommendation. The appointment is subject to the provisions of the Asylums Officers' Superannuation Act, 1909.

Applications, stating age and full particulars of qualifications and experience, accompanied by copies of three recent testimonials, to be forwarded to the Medical Superintendent not later than Tuesday, 2nd January, 1940.

Beckett Hospital and Dispensary,

BARNSLEY. (156 Beds.)

HOUSE PHYSICIAN (Male) with anæsthetic duties, required 21st January, 1940. Applicants must be registered, and preference will be given to those who have held a previous Hospital post.

Salary £150 per annum, with board, residence, and laundry.

Applications, together with testimonials, should be sent to the undersigned.

ARTHUR LE BOURNE, Secretary-Superintendent.

21st December, 1939.

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3. YORKS.—Sea Coast Town.—PRACTICE estd. 150 years. Receipts last year about £1240. Panel of 1500 patients. Good house with 3 reception and 5 bedrooms, &c. Freehold £1600. Offers invited.
4. LONDON, W.—Good mixed-class PRACTICE estd. by vendor 30 years ago. Receipts approx. £700. Panel 600 patients. Small house available on rental if desired. Premium £1000.
5. SUFFOLK.—Market Town.—Well-estab. mixed-class PRACTICE stated to be producing about £2000 p.a., including 1800 panel patients and P.M.S. £100 p.a. There is understood to be scope for further expansion, as receipts have steadily increased over the past three years. Very good house with garden.
6. WEST OF ENGLAND.—Large Town.—Very old-estab. non-panel working- and middle-class PRACTICE. Receipts past 12 months to 5th April, 1939, stated to be about £775, but these have decreased owing to ill health of the Vendor who has held the practice for 40 years. There is believed to be scope especially for one who will accept panel. Freehold house with 2 reception rooms, 3 bedrooms, 2 attics, bathroom, &c., consulting-room, waiting-room, and dispensary. Premium £800.
7. STAFFS.—Market Town.—Increasing PRACTICE estd. by vendor 12 years ago. Cash receipts for 12 months to 30th September, 1939, stated to be £1225. Panel of about 1300 patients. P.M.S. and Public Assistance produce about £120 p.a. Modern house, specially built, with 2 reception rooms, separate professional accommodation, 4 bedrooms, &c. Large garden. Freehold. Premium £2000.
8. LONDON, S.W.—Better-class residential area.—PRACTICE estd. 100 years and held by vendor for past 8 years. Receipts for 12 months to 1st April, 1939, stated to be £980. Panel about 850 patients. Fees 5s., 7s. 6d., and a few at 10s. 6d. Expenses are low and a car is not essential. Good house with garden, and ample accommodation. Will be rented with agreement to purchase. Premium £1600.
9. SURREY.—Good-class residential area.—Better-class PRACTICE with small panel. Steadily increasing receipts which last year are believed to be over £2000. Well-built modern house with garden and garage. Freehold can be bought, or house will be rented on lease with option to purchase later.

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